FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 2:23

DOCUMENT # 731898 (3)

1. Corporation Name
LAKELAND AUTOMOBILE DEALERS ASSOCIATION, INC.

Principal Place of Business
1405 WINDEMERE AVENUE
P.O.BOX 2335
LAKELAND FL 33803

Mailing Address
1405 WINDEMERE AVENUE
P.O.BOX 2335
LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1975
3a. Date of Last Report: 06/14/1994
4. FEI Number: 59-0182685 — Applied For / Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 — Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 — Country — 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
TRUEBLOOD, SUZANNE P.
1405 WINDEMERE AVENUE
LAKELAND FL 33803

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	~~VP~~
NAME	CANNON, DANNY
STREET ADDRESS	5210 S FLORIDA AVE
CITY-ST-ZIP	LAKELAND FL
TITLE	~~P~~
NAME	CAMPISI, SAL J
STREET ADDRESS	2615 LAKELAND HILLS BLVD
CITY-ST-ZIP	LAKELAND FL
TITLE	D
NAME	TRUEBLOOD, SUZANNE P.
STREET ADDRESS	1405 WINDEMERE AVENUE
CITY-ST-ZIP	LAKELAND FL
TITLE	D
NAME	CAMPISI, SAL SR.
STREET ADDRESS	2615 LAKELAND HILLS BLVD
CITY-ST-ZIP	LAKELAND FL
TITLE	~~D~~
NAME	~~JENKINS, JIM~~
STREET ADDRESS	~~941 E MAIN ST~~
CITY-ST-ZIP	~~LAKELAND FL~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VP	☐ Change ☐ Addition
5.2 NAME	James Bryan	
5.3 STREET ADDRESS	2335 US 98 N.	
5.4 CITY-ST-ZIP	Lakeland, FL 33801	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Danny L. Cannon, Danny L. Cannon 2/9/95 646-5051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0050050