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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **738814** (3)

1. Corporation Name

CENTRAL FLORIDA COMPONENT MANUFACTURERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**400 8TH ST
ORMOND BCH FL 32174
US**

**PO BOX 250009
HOLLY HILL FL 32125
US**

3. Date Incorporated or Qualified

04/22/1977

4. FEI Number

59-1745261

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1867 OLD TOMOKA RD

Suite, Apt. #, etc.

22

City & State

23 ORMOND BEACH, FL

Zip

24 32174

Country

25 USA

City & State

26 ORMOND BEACH, FL

Zip

27 32174

Country

28 USA

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MULLINS, MIKE L
1867 OLD TOMOKA RD
ORMOND BCH FL 32174**

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 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
GUNNELL, RICHARD
1000 CARROLL ST
CLEARWATER FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
GAINES, RON
1240 NEBRASKA AVENUE
TAMPA FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
MULLINS, MIKE L
400 8TH ST
HOLLY HILL FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
WRIGHT, DAVID
3544 ALL AMERICAN BLVD
ORLANDO FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE:

Mike L. Mullins **Treas/Director 4/14/98 904-257-5002**

CR2E037 (10/97)