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

APPROVED AND FILED

95 MAY -1 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **752262** **(6)**

1. Corporation Name

GAINESVILLE NEW AUTOMOBILE DEALERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2300 N.W. 71ST PLACE C/O VAR HEYL S/T GAINESVILLE FL 32606	2300 N.W. 71ST PLACE C/O VAR HEYL S/T GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1980
3a. Date of Last Report: 05/11/1994
4. FEI Number: 59-2018784 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 32653 / Country 25	Zip 29: 32653 / Country 30

9. Name and Address of Current Registered Agent

BRASINGTON, JOHN T
2001 NW 13TH ST
GAINESVILLE FL 32601

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	11 TITLE		☐ Change ☐ Addition
NAME	HEYL, VAR	12 NAME		
STREET ADDRESS	2300 NW 71ST PL	13 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL, 32653	14 CITY-ST-ZIP		
TITLE	VPD	21 TITLE	VPD	☒ Change ☐ Addition
NAME	WATCUS, JOHN	22 NAME	Brasington, John T.	
STREET ADDRESS	RT 1 BOX 218A	23 STREET ADDRESS	2001 N.W. 13th St.	
CITY-ST-ZIP	ALACHUA FL	24 CITY-ST-ZIP	Gainesville, Fl. 32609	
TITLE	PD	31 TITLE	PD	☒ Change ☐ Addition
NAME	RIGGS, BOB	32 NAME	Leroy Strickland	
STREET ADDRESS	220 N. MAIN ST	33 STREET ADDRESS	4025 N. Main St.	
CITY-ST-ZIP	GAINESVILLE FL	34 CITY-ST-ZIP	Gainesville, Fl. 32609	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	BRASINTON, JOHN	42 NAME		
STREET ADDRESS	2001 N.W. 13TH ST	43 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL, 32609	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	HAWES, T. J	52 NAME		
STREET ADDRESS	3535 N. MAIN ST	53 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL, 32609	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 address.

SIGNATURE: Var Heyl 4-27-95 904-375-3222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002767