

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K37844** (3)

1. Corporation Name
FLORIDA DEALERS FINANCIAL CORPORATION

Principal Place of Business

**1084 HAVENDALE BLVD
P O DRAWER 431-0431
WINTER HAVEN FL 33880-6301**

Mailing Address

**1084 HAVENDALE BLVD
P O DRAWER 431-0431
WINTER HAVEN FL 33880-6301**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**GRAY, JOHN H
1084 HAVENDALE BLVD.
WINTER HAVEN FL 33881**

3. Date Incorporated or Qualified
10/10/1988

3a. Date of Last Report
01/19/1995

4. FEI Number
59-2918972

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

John H. Gray - Sec

1/30/94

DATE

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
CP	THOMAS, J. ED	290 GREENFIELD RD	WINTER HAVEN FL	<input type="checkbox"/>
VP	SULLIVAN, PATRICK D. MD	19 LAKE ELOISE LANE	WINTER HAVEN FL	<input type="checkbox"/>
VP	MCCOLLOUGH, J. O. MD	153 LAKE OTIS RD SE	WINTER HAVEN FL	<input type="checkbox"/>
ST	GRAY, JOHN H.	902 LAKE OTIS DR W	WINTER HAVEN FL	<input type="checkbox"/>
CEO	SABEL, ROBERT H.	RT 1 BOX 109A	AFTON VA	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/94 813 299-6899

CR2E034 (12/95)