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Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33881-1354



3. Date Incorporated or Qualified 10/10/1988	3a. Date of Last Report 02/05/1996
4. FEI Number 59-2018972	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
GRAY, JOHN H
1084 HAVENDALE BLVD.
WINTER HAVEN FL 33881

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*
Signature of principal shareholder, registered agent and officer, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *John H. Gray* 1/10/97 941-299-6899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0391746

CR2E034 (9/96)