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FILED

Feb 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1988

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

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

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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.*

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CP  
THOMAS, J. ED  
290 GREENFIELD RD  
WINTER HAVEN FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP  
SULLIVAN, PATRICK D. MD  
19 LAKE ELOISE LANE  
WINTER HAVEN FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP  
MCCOLLOUGH, J. O. MD  
153 LAKE OTIS RD SE  
WINTER HAVEN FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ST  
GRAY, JOHN H.  
902 LAKE OTIS DR W  
WINTER HAVEN FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CEO  
SABEL, ROBERT H.  
RT 1 BOX 109A  
AFTON VA

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

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 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 - Sec.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/10/98

Daytime Phone #

941-299-6899

0416859

CR2E034 (10/97)