

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

**FILED**  
**Mar 15, 1996 08:00 AM**  
**Secretary of State**

DOCUMENT # **M73875** (0)

1. Corporation Name

**PMA AUTOMOTIVE, INC.**



Principal Place of Business

**2307 NW 63RD TERRACE  
GAINESVILLE FL 32606  
US**

Mailing Address

**2307 NW 63RD TERRACE  
GAINESVILLE FL 32606  
US**

3. Date Incorporated or Qualified

**03/25/1988**

3a. Date of Last Report

**02/07/1995**

2. Principal Place of Business

2a. Mailing Address

21 **42 COQUINA RIDGE WAY**

26 **42 COQUINA RIDGE WAY**

4. FEI Number

**59-2922320**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **ORMOND BEACH, FL.**

28 **ORMOND BEACH, FL.**

Zip

Country

Zip

Country

24 **32174**

25 **FLORIDA**

29 **32174**

30 **FLORIDA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KROLL, RICHARD D.  
2307 63RD TERRACE  
640 NW 34TH ST.  
GAINESVILLE FL 32606**

81 Name

**RICHARD D KROLL**

82 Street Address (P.O. Box Number is Not Acceptable)

**42 COQUINA RIDGE WAY**

83

84 City

**ORMOND BEACH**

FL

85 Zip Code

**32174**

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 **Richard D Kroll**

(Signature, type or print name of registered agent and date of appointment)

**Richard D Kroll**

(NOTE: Registered Agent signature required when reinstating)

**JAN. 25, 1996**

DATE

12. OFFICERS AND DIRECTORS

1. TITLE **D** ☐ DELETE  
2. NAME **KROLL, RICHARD D.**  
3. STREET ADDRESS **2307 NW 63RD TERRACE**  
4. CITY-STATE-ZIP **GAINESVILLE FL**

1. TITLE ☐ DELETE  
2. NAME  
3. STREET ADDRESS  
4. CITY-STATE-ZIP

1. TITLE ☐ DELETE  
2. NAME  
3. STREET ADDRESS  
4. CITY-STATE-ZIP

1. TITLE ☐ DELETE  
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3. STREET ADDRESS  
4. CITY-STATE-ZIP

1. TITLE ☐ DELETE  
2. NAME  
3. STREET ADDRESS  
4. CITY-STATE-ZIP

1. TITLE ☐ DELETE  
2. NAME  
3. STREET ADDRESS  
4. CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE **P** ☒ Change ☐ Addition  
2. NAME **Kroll, Richard D**  
3. STREET ADDRESS **42 COQUINA RIDGE WAY**  
4. CITY-STATE-ZIP **ORMOND BEACH, FL. 32174**

2. 1. TITLE ☐ Change ☐ Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY-STATE-ZIP

3. 1. TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4. 1. TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5. 1. TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6. 1. TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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: **Richard D Kroll**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/25/96**

DATE

**904/615-9933**

DAYTIME PHONE #

CR2E034 (12/95)