

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N14799 (3)

1. Corporation Name

IMPORT AUTOMOBILE DEALERS OF FLORIDA, INC.



Principal Place of Business

~~1012 FIRETHORN COURT~~
~~BRANDON FL 33511~~

Mailing Address

~~1012 FIRETHORN COURT~~
~~BRANDON FL 33511~~

3. Date Incorporated or Qualified

05/07/1986

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 2903 Manor Ridge Place

26 2903 Manor Ridge Place

4. FEI Number

59-2703505

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Valrico, FL

28 Valrico, FL

Zip Country

Zip Country

24 33594-5944

25

29 33594-5944

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCMULLEN, DELORES B.

~~1012 FIRETHORN COURT~~
~~BRANDON FL 33511~~

81 Name

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

83 2903 Manor Ridge Place

84 City

Valrico

FL

85 Zip Code

33594-5944

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
RAY, BILL
STREET ADDRESS 4444 N. HWY. 17-92
CITY-ST-ZIP LONGWOOD FL

TITLE ☐ DELETE

NAME DV
EVANS, JAMES D.
STREET ADDRESS 9696 NORTHWEST 7TH AVE.
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME TSD
ADKINS, KENNETH
STREET ADDRESS 1740 S.W. COLLEGE RD.
CITY-ST-ZIP Ocala FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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)(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 617, 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

WILLIAM D. RAY, JR.

Date

5/1/96

Daytime Phone #

407/831-1318

CR2E037 (12/95)