

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 AM 8:56

DOCUMENT # N22339 (8)

1. Corporation Name

THE CENTRAL FLORIDA HONDA DEALERS ADVERTISING AS
SOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O PHILLIP R. FINCH
201 EAST PINE STREET, SUITE 1200
ORLANDO FL 32801-2798

C/O PHILLIP R. FINCH
201 EAST PINE STREET, SUITE 1200
ORLANDO FL 32801-2798

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1987

3a. Date of Last Report

02/01/1994

4. FEI Number

59-2856534

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FINCH, PHILLIP R.
201 EAST PINE STREET
SUITE 1200
ORLANDO FL 32802

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

(Signature, typed or printed name of registered agent and firm if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

ANDREWS, MICHAEL

STREET ADDRESS

8574 S ORANGE BLOSSOM TR

CITY - ST - ZIP

ORLANDO FL

TITLE

STD

NAME

HOLLER III, ROGER W.

STREET ADDRESS

860 W. FAIRBANKS AVENUE

CITY - ST - ZIP

WINTER PARK FL

TITLE

VD

NAME

HALL, ROSS

STREET ADDRESS

330 NORTH NOVA RD

CITY - ST - ZIP

DAYTONA BEACH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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 hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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 person or persons empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 hereof, as an appointment or agent address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Andrews

2/27/95

407/951-9118

Date

Phone Number