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Jul 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N24708** (2)  
1. Corporation Name

**FLORIDA PONTIAC DEALERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

10715 US 19  
PORT RICHEY FL 34668  
US

10715 US 19  
PORT RICHEY FL 34668  
US

3. Date Incorporated or Qualified

**02/08/1988**

4. FEI Number

**59-2870822**

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 **500 MARQUETTE NW**

Suite, Apt. #, etc.

27 **SUITE 400**

28 City & State **ALBUQUERQUE, NM**

29 Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HEAD, EDWARD  
10715 US 19  
PORT RICHEY FL 34668**

81 Name **STEVE HAVENS**

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

**5237 34th STREET NORTH**

84 City

**ST. PETERSBURG**

**FL**

85 Zip Code

**33714**

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 **STEVE HAVENS**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**6-19-98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **MCDONALD, SANDY**  
STREET ADDRESS **8800 WEST HILLSBOROUGH AVENUE**  
CITY-ST-ZIP **TAMPA FL**

TITLE **OV** ☐ DELETE  
NAME **HEAD, ED**  
STREET ADDRESS **10715 U.S. 19**  
CITY-ST-ZIP **PT. RICHEY FL**

TITLE **DP** ☐ DELETE  
NAME **RIZARD, ROGER**  
STREET ADDRESS **8740 ADAMO DRIVE**  
CITY-ST-ZIP **TAMPA FL**

TITLE **PRESIDENT** ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**TREASURER  
ROGER RIVARD**

**PRESIDENT  
STEVE HAVENS  
5237 34th Street North  
ST. PETERSBURG, FL 33714**

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **STEVE HAVENS**

(505) 222-2524

CP2E037 (10/97)