

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 # N25411 (2)

1. Corporation Name

MID-FLORIDA TOYOTA DEALERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O PAMELA O. PRICE  
201 E. PINE STREET SUITE 1200  
ORLANDO FL 32801

C/O PAMELA O. PRICE  
201 E. PINE STREET SUITE 1200  
ORLANDO FL 32801

3. Date Incorporated or Qualified  
03/09/1988

3a. Date of Last Report  
03/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-2883345

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRICE, PAMELA O.  
201 E. PINE STREET  
SUITE 1200  
ORLANDO FL 32801

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE  
NAME ~~ROGEMEYER, BRUCE~~  
STREET ADDRESS ~~2025 NO. HWY 17-02~~  
CITY-STATE-ZIP ~~LONGWOOD FL~~

1.1 TITLE D/P ☒ Change ☐ Addition  
1.2 NAME FRANK De Luca  
1.3 STREET ADDRESS De Luca Toyota  
1.4 CITY-STATE-ZIP 1719 S.W. College Rd - Hwy 200 W.  
Orlando, FL 32801

TITLE ATD ☐ DELETE  
NAME FENDER, GEORGE S.  
STREET ADDRESS 111 N ORANGE AVE 1100  
CITY-STATE-ZIP ORLANDO FL 32801

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP 32801

TITLE STD ☐ DELETE  
NAME SIMGLIA, JOE  
STREET ADDRESS 3800 W COLONIAL DR  
CITY-STATE-ZIP ORLANDO FL 32808

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP 32808

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP 000001746060

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP -03/16/96--01001--027  
\*\*\*61.25

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE George S. Fender Treasurer

March 4, 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)