

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 20 AM 9:15

DOCUMENT # N93000001863 (0)

1. Corporation Name

SOUTHWEST FLORIDA INDEPENDENT AUTOMOBILE DEALERS
ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2431-33 FIRST STREET
FT. MYERS FL 33902

2431-33 FIRST STREET
FT. MYERS FL 33902

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1993

3a. Date of Last Report

04/01/1994

4. FBI Number

65-0472074

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILL, ROBERT C
2431-33 FIRST STREET
FT. MYERS FL 33902

81 Name

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

2431 First Street

83

84 City

Fort Myers

FL

85

Zip Code

33901

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	WILSON, JIM
STREET ADDRESS	3364 PALM BEACH BLVD.
CITY - ST - ZIP	FT. MYERS FL 33916
TITLE	DS
NAME	BERGMAN, VICTORIA
STREET ADDRESS	3535 CLEVELAND AVE.
CITY - ST - ZIP	FT. MYERS FL 33901
TITLE	DV
NAME	MAIER, JOE
STREET ADDRESS	4552 PALM BEACH BLVD.
CITY - ST - ZIP	FT. MYERS FL 33905
TITLE	DT
NAME	KIELISSCH, HERBERT
STREET ADDRESS	322 SW 28TH TERRACE
CITY - ST - ZIP	CAPE CORAL FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	DE	☒ Change	☐ Addition
12 NAME	Wilson Jim		
13 STREET ADDRESS	3364 Palm Beach Blvd.		
14 CITY - ST - ZIP	FT. MYERS FL 33916		
21 TITLE	DP	☒ Change	☐ Addition
22 NAME	Edward Hoskins		
23 STREET ADDRESS	2791 S Tamiami Trail		
24 CITY - ST - ZIP	Bonita Springs FL 33923		
31 TITLE	DV.P.	☒ Change	☐ Addition
32 NAME	ROBERT SHAW		
33 STREET ADDRESS	16101 S. Tamiami Trail		
34 CITY - ST - ZIP	Fort Myers FL 33912		
41 TITLE	DT	☒ Change	☐ Addition
42 NAME	Jim Massa		
43 STREET ADDRESS	404 Danley Dr.		
44 CITY - ST - ZIP	FT. MYERS FL 33907		
51 TITLE	DS	☒ Change	☐ Addition
52 NAME	Sandkey, Juanita		
53 STREET ADDRESS	4190 Palm Beach Blvd.		
54 CITY - ST - ZIP	FT. MYERS FL 33914		
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 110.07(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 both attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #