

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-05/02/95--01100--003  
\*\*\*3130.00 \*\*\*\*130.00

DO NOT WRITE IN THIS SPACE

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N94000002989 (1)**  
1. Corporation Name  
**WEST COLONIAL DEALERS' ASSOCIATION, INC.**

Principal Place of Business <b>201 EAST PINE ST. SUITE 701 ORLANDO FL 32801</b>	Mailing Address <b>201 EAST PINE ST. SUITE 701 ORLANDO FL 32801</b>
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3. Date Incorporated or Qualified <b>06/15/1994</b>	3a. Date of Last Report
4. FEI Number <b>59-3250491</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent

**HUMPHRIES, J. GREGORY  
201 EAST PINE ST.  
SUITE 701  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>MEALEY, DONALD C</b>
STREET ADDRESS	<b>350 S. LAKE DESTINY DR.</b>
CITY - ST - ZIP	<b>ORLANDO FL 32810</b>
TITLE	<b>D</b>
NAME	<b>MCMAMARA, DENNIS</b>
STREET ADDRESS	<b>1010 WEST COLONIAL DR.</b>
CITY - ST - ZIP	<b>ORLANDO FL 32804</b>
TITLE	<b>D</b>
NAME	<b>SMITH, MIKE</b>
STREET ADDRESS	<b>4101 WEST COLONIAL DR.</b>
CITY - ST - ZIP	<b>ORLANDO FL 32808</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>800001518218</b>
23 STREET ADDRESS	<b>-06/20/95--01113--003</b>
24 CITY - ST - ZIP	<b>*****25.00 *****25.00</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 and I sign, or in an attachment with an address.

SIGNATURE: *Donald C Mealey* DATE: 707-660-2224  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date Daytime Phone #)