

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 # N94000002989 (1)

1. Corporation Name

WEST COLONIAL DEALERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

201 EAST PINE ST.  
SUITE 701  
ORLANDO FL 32801

201 EAST PINE ST.  
SUITE 701  
ORLANDO FL 32801

3. Date Incorporated or Qualified  
06/15/1994

3a. Date of Last Report  
06/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
59-3250491

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

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

HUMPHRIES, J. GREGORY  
201 EAST PINE ST.  
SUITE 701  
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 re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME MEALEY, DONALD C  
STREET ADDRESS 350 S. LAKE DESTINY DR.  
CITY - ST - ZIP ORLANDO FL 32810 ☐ DELETE

TITLE D  
NAME MCNAMARA, DENNIS  
STREET ADDRESS 1010 WEST COLONIAL DR.  
CITY - ST - ZIP ORLANDO FL 32804 ☐ DELETE

TITLE D  
NAME SMITH, MIKE  
STREET ADDRESS 4101 WEST COLONIAL DR.  
CITY - ST - ZIP ORLANDO FL 32808 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE VP  
12 NAME W. Warner Peacock  
13 STREET ADDRESS 350 S. Lake Destiny Dr. #200  
14 CITY - ST - ZIP Orlando, FL 32810 ☐ Change ☒ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP ☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP ☐ Change ☐ Addition

41 TITLE 200001797842  
42 NAME -04/29/96--01027--001  
43 STREET ADDRESS \*\*\*2061.25  
44 CITY - ST - ZIP ☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP ☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP ☐ Change ☐ Addition

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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. Warner Peacock

Date

407/660-2224

CS 5/1/96

CR2E037 (12/95)