

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: **201 EAST PINE ST. SUITE 701 ORLANDO FL 32801**
Mailing Address: **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**
4. FEI Number: **59-3250491**
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

2. Principal Place of Business (21-23) and Mailing Address (2a-26) fields with sub-fields for Suite, City & State, Zip, and Country.

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 (81-85) fields.

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: _____ (NOTE: Registered Agent signature required when "reinstating") DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <input type="checkbox"/> DELETE	D MEALEY, DONALD C 350 S. LAKE DESTINY DR. ORLANDO FL 32810	1.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VP
TITLE: <input type="checkbox"/> DELETE	D MCNAMARA, DENNIS 1010 WEST COLONIAL DR. ORLANDO FL 32804	1.2 NAME	W. Warner Peacock
TITLE: <input type="checkbox"/> DELETE	D SMITH, MIKE 4101 WEST COLONIAL DR. ORLANDO FL 32808	1.3 STREET ADDRESS	350 S. Lake Destiny Dr. #200
TITLE: <input type="checkbox"/> DELETE		1.4 CITY - ST - ZIP	Orlando, FL 32810
TITLE: <input type="checkbox"/> DELETE		2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE		2.2 NAME	
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TITLE: <input type="checkbox"/> DELETE		5.2 NAME	
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TITLE: <input type="checkbox"/> DELETE		6.2 NAME	
TITLE: <input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
TITLE: <input type="checkbox"/> DELETE		6.4 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 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 by an attachment with an address.

SIGNATURE: **W. Warner Peacock** Date: **05/11/96** 407/660-2224

CR2E037 (12/95)