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Mar 26 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N95000002770 (4)

1. Corporation Name

CENTRAL FLORIDA INDEPENDENT AUTOMOBILE DEALERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4162 EDGEWATER DRIVE  
ORLANDO FL 32804

4162 EDGEWATER DRIVE  
ORLANDO FL 32804-2232

3. Date Incorporated or Qualified  
06/13/1995

3a. Date of Last Report  
04/09/1996

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

Zip

Country

24

25

29

30

4. FEI Number  
NOT APPLICABLE

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

SEARS, JAMES W  
511 N. FERNCREEK AVE.  
ORLANDO FL 32803

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 PD  
NAME RAGUNT, RICHARD A  
STREET ADDRESS 902 S.O.B.T  
CITY-ST-ZIP APOPKA FL 32703

☐ DELETE

TITLE VPD  
NAME HOLSAPPLE, JIM  
STREET ADDRESS 571 MERCY DR  
CITY-ST-ZIP ORLANDO FL 33806

☐ DELETE

TITLE TD  
NAME PRESTON, BRUCE  
STREET ADDRESS 2203 S. ORANGE AVE  
CITY-ST-ZIP ORLANDO FL 32806

☐ 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

1.1 TITLE PD  
1.2 NAME HOLSAPPLE, JIM  
1.3 STREET ADDRESS 571 MERCY DR.  
1.4 CITY-ST-ZIP ORI. FL. 33806

☒ Change ☐ Addition

2.1 TITLE VPD  
2.2 NAME PRESTON, BRUCE  
2.3 STREET ADDRESS 2203 S. ORANGE AVE  
2.4 CITY-ST-ZIP ORL. FL. 32806

☒ Change ☐ Addition

3.1 TITLE TD  
3.2 NAME MARGAIS, STEVEN W.  
3.3 STREET ADDRESS 1207 N. LAKEWOOD AVE  
3.4 CITY-ST-ZIP OCALA FL 34761

☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-97 407-299-3904  
Date Daytime Phone # 0018509

CR2E037 (9/96)