

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 # N95000005939 (2)

1. Corporation Name

GREATER TAMPA BAY AUTOMOBILE DEALERS PAC, INC.



Principal Place of Business

Mailing Address

C/O GEORGE WILSON, III
4907 LYFORD CAY ROAD
TAMPA FL 33629

C/O GEORGE WILSON, III
4907 LYFORD CAY ROAD
TAMPA FL 33629

3. Date Incorporated or Qualified

12/18/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied for

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

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

ADAMS, JAMES D
7300 WEST CAMINO REAL
BOCA RATON FL 33433

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	CARLISLE, STEVEN D	
STREET ADDRESS	4907 LYFORD CAY ROAD	
CITY - ST - ZIP	TAMPA FL 33629	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LINDELL, CARL JR	
STREET ADDRESS	4907 LYFORD CAY ROAD	
CITY - ST - ZIP	TAMPA FL 33629	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARKS, KEN JR	
STREET ADDRESS	4907 LYFORD CAY ROAD	
CITY - ST - ZIP	TAMPA FL 33629	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARKS, RONALD R	
STREET ADDRESS	4907 LYFORD CAY ROAD	
CITY - ST - ZIP	TAMPA FL 33629	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
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	Carlisle, Steven D.
13 STREET ADDRESS	224 Poinciana Lane
14 CITY - ST - ZIP	Harbor Bluffs, FL 34640
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Lindell, Carl Jr.
23 STREET ADDRESS	4940 St. Croix Dr.
24 CITY - ST - ZIP	Tampa, FL 33629
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Marks, Ken Jr.
33 STREET ADDRESS	2408 Hampton Lane W.
34 CITY - ST - ZIP	Safety Harbor, FL 34695
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Parks, Ronald R.
43 STREET ADDRESS	3320 San Nicholas
44 CITY - ST - ZIP	Tampa, FL 33629
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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)