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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005939

1. Corporation Name

GREATER TAMPA BAY AUTOMOBILE DEALERS PAC, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/18/1995

4. FEI Number

59-3414673

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME GHIOTO III, RALPH
STREET ADDRESS 4400 N DALE MABRY HWY
CITY-ST-ZIP TAMPA FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ED ☐ DELETE

NAME WILSON III, GEORGE O
STREET ADDRESS 4907 LYFORD CAY RD
CITY-ST-ZIP TAMPA FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME BELVISO, MARK
STREET ADDRESS PO BOX 17719
CITY-ST-ZIP CLEARWATER FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME PARKS, RONALD R
STREET ADDRESS 10505 N FLORIDA AVE
CITY-ST-ZIP TAMPA FL 33629

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME HAWKINS, TERRY
STREET ADDRESS 5151 34TH ST N
CITY-ST-ZIP ST PETERSBURG FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/29/99

813
286-0245

Date

Daytime Phone #

CR2E037 (11/98)