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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N97000006641

1. Corporation Name

PROFESSIONAL VEHICLE INDUSTRY ASSOCIATION, INC.

Principal Place of Business

550 NORTH REO ST., STE. 300
TAMPA FL 33609

Mailing Address

550 NORTH REO ST., STE. 300
TAMPA FL 33609



2. Principal Place of Business

21 4500 140th Avenue, No.

2a. Mailing Address

26 4500 140th Avenue, No.

3. Date Incorporated or Qualified

11/24/1997

Suite, Apt. #, etc.

22 Suite 101

Suite, Apt. #, etc.

27 Suite 101

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

23 Clearwater, Florida

City & State

28 Clearwater, Florida

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip Country

24 33762 25 USA

Zip Country

29 33762 30 USA

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

PARMELEE, JD
550 NORTH REO ST., STE. 300
TAMPA FL 33609

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

James H. Brown, Director/ Secretary 4/29/99

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 DP ☐ DELETE
NAME PARMELEE, JD
STREET ADDRESS 5725 80TH ST. NO. #103
CITY-ST-ZIP ST. PETERSBURG FL 33709

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME Parmelee, JD
1.3 STREET ADDRESS 4584 Fox Lake Court
1.4 CITY-ST-ZIP Clearwater, FL 33761

TITLE DT ☒ DELETE
NAME MILLER, DAVID
STREET ADDRESS 3430 N. LAKE SH. DR. 9N
CITY-ST-ZIP CHICAGO IL 60657

2.1 TITLE DT ☐ Change ☒ Addition
2.2 NAME Parmelee, Audrey J
2.3 STREET ADDRESS 4584 Fox Lake Court
2.4 CITY-ST-ZIP Clearwater, FL 33761

TITLE DS ☐ DELETE
NAME BROWN, JAMES H
STREET ADDRESS 3150 65TH ST. NO.
CITY-ST-ZIP ST. PETERSBURG FL 33701

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

James H. Brown

4/29/99

727-520-0072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)