

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P94000052748**

1. Corporation Name

FLORIDA DEALERS FUNDING CORPORATION

Principal Place of Business

**1084 HAVENDALE BLVD.
WINTER HAVEN FL 33881**

Mailing Address

**1084 HAVENDALE BLVD.
WINTER HAVEN FL 33881**

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

9. Name and Address of Current Registered Agent

**GRAY, JOHN H
1084 HAVENDALE BLVD.
WINTER HAVEN FL 33881**

3. Date Incorporated or Qualified

07/15/1994

4. FEI Number

59-3254830

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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 ☐ DELETE

NAME **P THOMAS, J. ED**

STREET ADDRESS **1700 THIRD STREET SW**

CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ DELETE

NAME **VP SULLIVAN, PATRICK D. M**

STREET ADDRESS **19 LAKE ELOISE LANE**

CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ DELETE

NAME **VP MCCOLLOUGH, J.O. M**

STREET ADDRESS **153 LAKE OTIS RD., SE**

CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ DELETE

NAME **ST GRAY, JOHN H.**

STREET ADDRESS **902 LAKE OTIS DR., W.**

CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ DELETE

NAME **P SABEL, ROBERT H.**

STREET ADDRESS **RT. 1, BOX 109A N/A**

CITY-ST-ZIP **AFTON VA**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

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☐ Addition

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 607, 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:

John H. Gray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/99

941-299-6899

CR2E034 (1/98)

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90088 003 ***150.00



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