

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

FILED

Mar 06 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # S24288 (0)
1. Corporation Name
**SOUTHWEST FLORIDA TOYOTA DEALERS ASSOCIATION, IN
C.**



Principal Place of Business Mailing Address
**1901 TAMAMI TRAIL
PUNTA GORDA FL 33950** **1901 TAMAMI TRAIL
PUNTA GORDA FL 33950-5917**

3. Date Incorporated or Qualified **01/11/1991** 3a. Date of Last Report **03/19/1996**
4. FEI Number **65-0235691** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

**KONIDES, JAMES A.
2315 AARON STREET
PORT CHARLOTTE FL 33949**

10. Name and Address of New Registered Agent
81 Name **RICHARD LLEWELLYN**
82 Street Address (P.O. Box Number is Not Acceptable) **1901 TAMAMI TRAIL**
83
84 City **PUNTA GORDA** FL 85 Zip Code **33950**

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]

RICHARD LLEWELLYN 2-26-97

Signature of typist 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	<input type="checkbox"/> DELETE
NAME	JOE MARAZZI, SR.	
STREET ADDRESS	1901 TAMAMI TRAIL	
CITY - ST - ZIP	PORT CHARLOTTE FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	MCHALE, JOHN J	
STREET ADDRESS	1901 TAMAMI TRAIL	
CITY - ST - ZIP	PORT CHARLOTTE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GERMAIN, ROBERT JR	
STREET ADDRESS	1901 TAMAMI TRAIL	
CITY - ST - ZIP	PORT CHARLOTTE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STD
2.3 STREET ADDRESS	RICHARD LLEWELLYN
2.4 CITY - ST - ZIP	1901 TAMAMI TRAIL PORT CHARLOTTE, FL 33950
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in the attachment with an address.

SIGNATURE:

[Signature]

2-26-97

941-639-1155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)