

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V11446 (4)

1. Corporation Name

ADA AUTO SALES, INC.

Principal Place of Business

498 S MAIN ST
CRESTVIEW FL 32571

Mailing Address

498 S MAIN ST
CRESTVIEW FL 32571



3. Date Incorporated or Qualified

02/01/1992

3a. Date of Last Report

03/20/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3107986

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ASH, DONNA
2722 LAKE SILVER RD
CRESTVIEW FL 32536

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 in block of registered agent or director (Type in block)

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ASH, DONNA	
STREET ADDRESS	2722 LAKE SILVER RD	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ASH, ALFRED A.	
STREET ADDRESS	2722 LAKE SILVER RD	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ASH, DAVID	
STREET ADDRESS	5955 LINENE DR	
CITY-ST-ZIP	CRESTVIEW FL	
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5397 Monterey Rd
1.4 CITY-ST-ZIP	Crestview FL 32536
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	5397 Monterey Rd
2.4 CITY-ST-ZIP	Crestview, FL, 32536
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	5397 Monterey Rd
3.4 CITY-ST-ZIP	Crestview FL 32536
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lisa Forrest
4.3 STREET ADDRESS	5397 Monterey Rd
4.4 CITY-ST-ZIP	Crestview FL 32536
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 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 607, 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

DONNA E. Ash 4/15/96 904 682 4477

Date

Daytime Phone

CR2E034 (12/95)