

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

*Pg 1002*

DOCUMENT # 752137 (0)  
1. Corporation Name

JACKSONVILLE AUTOMOBILE DEALERS ASSOCIATION, INC



Principal Place of Business: P.O. BOX 6263 JACKSONVILLE FL 32236 US  
Mailing Address: P.O. BOX 6263 JACKSONVILLE FL 32236 US

3. Date Incorporated or Qualified: 04/22/1980  
3a. Date of Last Report: 04/12/1995  
4. FEI Number: 23-7294217  
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 (21-24) and 2a. Mailing Address (25-29) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**GARDNER, ROBERT L.  
1233-9 LANE AVENUE SOUTH  
JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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 the, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	POUCHER, ALLEN	
STREET ADDRESS	76 S LAURA ST STE 2100	
CITY - ST - ZIP	JAX, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIFFIN, FRANK	
STREET ADDRESS	76 S. LAURA ST., STE 2100	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	HAMM, JERRY	
STREET ADDRESS	76 S LAURA ST STE 2100	
CITY - ST - ZIP	JAX, FL 00000	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	GLOVER, ALLEN T.	
STREET ADDRESS	76 S LAURA ST STE 2100	
CITY - ST - ZIP	JAX, FL 00000	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SHAD, MIKE	
STREET ADDRESS	76 S LAURA ST STE 2100	
CITY - ST - ZIP	JAX, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRILL, PETER	
STREET ADDRESS	76 S LAURA ST, STE 2100	
CITY - ST - ZIP	JAX, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	POUCHER, ALLEN	
1.3 STREET ADDRESS	1823 Woodmere drive	
1.4 CITY - ST - ZIP	Jacksonville, Fl 32210	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GRIFFIN, FRANK	
2.3 STREET ADDRESS	5735 Phillips Hwy	
2.4 CITY - ST - ZIP	Jacksonville, Fl 32216	
3.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ESCUDE, MARK	
3.3 STREET ADDRESS	5323 PHILLIPS HWY.	
3.4 CITY - ST - ZIP	JACKSONVILLE, FL 32207	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GLOVER, ALLEN T.	
4.3 STREET ADDRESS	701 FISK STREET	
4.4 CITY - ST - ZIP	JACKSONVILLE, FL 32204	
5.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SETH, TODD	
5.3 STREET ADDRESS	10600 ATLANTIC BLVD.	
5.4 CITY - ST - ZIP	JACKSONVILLE, FL 32225	
6.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KIRILL, JR., PETER	
6.3 STREET ADDRESS	1285 CASAT AVE.	
6.4 CITY - ST - ZIP	JACKSONVILLE, FL 32205	

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

SIGNATURE: *[Signature]* Date: *4-18-96* Daytime Phone #: *737-3033*

CR2E037 (12/95)

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JACKSONVILLE AUTOMOBILE DEALERS ASSOCIATION, INC.

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ADDITIONS TO OFFICER AND DIRECTORS

D  
HELMICK, MARC  
4250 LAKESIDE DRIVE  
JACKSONVILLE, FL 32216

D  
KOPP, III, ERNEST A.  
1290 CASSAT AVENUE  
JACKSONVILLE, FL 32205

D  
KEY, JOE  
7700 BLANDING BLVD.  
JACKSONVILLE, FL 32244

D  
PALMER, MIKE  
1310 CASSAT AVENUE  
JACKSONVILLE, FL 32205