

FILE NOW: FILING FEE IS \$61.25

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Mar 31 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 04/22/1980	
4. FEI Number 23-7294217	Applied For Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
GARDNER, ROBERT L.  
1233-1 LANDE AVE. SOUTH JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S FOX, ELIZABETH	1.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	12459 DEEDER LANE	1.2 NAME	PHIL RISLEY
STREET ADDRESS	JACKSONVILLE FL	1.3 STREET ADDRESS	1500 WELLS ROAD
CITY-ST-ZIP		1.4 CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	D GRIFFIN, FRANK	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5735 PHILLIPS HWY	2.2 NAME	JOHN GALEANI
STREET ADDRESS	JACKSONVILLE FL	2.3 STREET ADDRESS	8864 ATLANTIC BLVD.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	DT KOPP, E.A. I	3.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1816 CASSAT AVE.	3.2 NAME	ERNEST A. KOPP, III
STREET ADDRESS	JACKSONVILLE FL	3.3 STREET ADDRESS	1616 CASSAT AVE.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	D GLOVER, ALLEN T.	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	701 FISK ST	4.2 NAME	LARRY W. MARTIN
STREET ADDRESS	JAX, FL 00000	4.3 STREET ADDRESS	3919 PHILLIPS HWY.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	DP SETH, TODD	5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10600 ATLANTIC BLVD	5.2 NAME	
STREET ADDRESS	JAX, FL 00000	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	32225
TITLE	DV KIRILL, PETER	6.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1285 CASSAT AVE	6.2 NAME	
STREET ADDRESS	JAX, FL 00000	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	32205

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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.

SIGNATURE \_\_\_\_\_

CR2E037 (10/97)