


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90104 044 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 752137**

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/22/1980
22 Suite, Apt. #, etc. P.O. Box 24050	27 Suite, Apt. #, etc. P.O. Box 24050	4. FEI Number 23-7294217
23 City & State JACKSONVILLE, FL	28 City & State JACKSONVILLE, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 32241-4050	29 Zip 32241-4050	30 Country US
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**GARDNER, ROBERT L.**  
**1233-1 LANE AVE S**  
**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)	FL
83	
84 City	

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

TITLE	T	<input type="checkbox"/> DELETE
NAME	RISLEY, PHIL	
STREET ADDRESS	1565 WELLS RD	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GALEANI, JOHN	
STREET ADDRESS	8864 ATLANTIC BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	KOPP, E.A. I	
STREET ADDRESS	1616 CASSAT AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, WILLIAM W	
STREET ADDRESS	3919 PHILLIPS WAY	
CITY-ST-ZIP	JAX, FL 00000 32207	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SETH, TODD	
STREET ADDRESS	10600 ATLANTIC BLVD	
CITY-ST-ZIP	JAX, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KIRILL, PETER	
STREET ADDRESS	1285 CASSAT AVE	
CITY-ST-ZIP	JAX, FL 00000 32205	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	10580 Atlantic Blvd.
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Pres. Martin
3.3 STREET ADDRESS	10880 Phillips Highway
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Miller-McCormick
4.3 STREET ADDRESS	8445 Arlington Exp
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225
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	DIT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE: SIGNATURE OF PRESIDENT DATE: 4/27/99 DAYTIME PHONE #: (904) 260-7777

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