

FILE NOW; FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



Department of Banking and Finance
Tallahassee, Florida
Secretary of State
STATE OF FLORIDA DEPARTMENT OF BANKING AND FINANCE

FILED

95 FEB 28 AM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703270 (9)

**LINCOLN-MERCURY DEALERS' ADVERTISING FUND, JACKS
ONVILLE DISTRICT, INC.**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/28/1961	3a. Date of Last Report 05/01/1994
4. FEI Number 59-6064616	Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

1. Principal Place of Business		Mailing Address	
10505 N FLORIDA AVE TAMPA FL 33612		P. O. BOX 550538 JACKSONVILLE FL 32255-0538 US	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	30
25	29		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROBBINS, WILLIAM C. 2800 PARR COURT WEST JACKSONVILLE FL 32245-9098				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 provisions of Section 607.1505, Florida Statutes.

SIGNATURE: WILLIAM C. ROBBINS, EXECUTIVE SECRETARY DATE: 1/16/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, LARRY	1.2 NAME	
STREET ADDRESS	9951 S. ORANGE BLOSSOM TRAIL	1.3 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL	1.4 CITY- ST- ZIP	
TITLE	CD	2.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKS, JACK	2.2 NAME	
STREET ADDRESS	10505 N. FLORIDA AVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL	2.4 CITY- ST- ZIP	
TITLE	CD	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, ED	3.2 NAME	UNDERHILL, BILL
STREET ADDRESS	7110 S. TAMIAHI TRAIL	3.3 STREET ADDRESS	2372 S. TAMIAHI TRAIL
CITY- ST- ZIP	SARASOTA FL	3.4 CITY- ST- ZIP	VENICE, FLORIDA 34293
TITLE	D	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARENT, LARRY	4.2 NAME	WENZEL, BRUCE
STREET ADDRESS	911 NE 2ND AVENUE	4.3 STREET ADDRESS	3801 S.E. FEDERAL HIGHWAY
CITY- ST- ZIP	FT. LAUDERDALE FL	4.4 CITY- ST- ZIP	STUART, FLORIDA 34997
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, LEE	5.2 NAME	
STREET ADDRESS	P.O. BOX 138 N/A	5.3 STREET ADDRESS	
CITY- ST- ZIP	WAYCROSS GA 31502	5.4 CITY- ST- ZIP	
TITLE	D	6.1 TITLE	DVD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, JOEL	6.2 NAME	HAMILTON, JOEL
STREET ADDRESS	5825 NW 167TH ST	6.3 STREET ADDRESS	12 E. SUNRISE BLVD
CITY- ST- ZIP	MIAMI LAKES FL 33015	6.4 CITY- ST- ZIP	FT. LAUDERDALE, FLORIDA 33304

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 110.07(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: LARRY MURPHY, CHAIRMAN Larry Murphy 2/22/95 (407) 240-4020