

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

DOCUMENT # 703270 (9)

1. Corporation Name

LINCOLN-MERCURY DEALERS' ADVERTISING FUND, ORLAN  
DO REGION, INC.



Principal Place of Business

Mailing Address

10505 N FLORIDA AVE  
TAMPA FL 33612

P. O. BOX 550538  
JACKSONVILLE FL 32255-0538  
US

3. Date Incorporated or Qualified  
11/28/1961

3a. Date of Last Report  
02/28/1995

2. Principal Place of Business

2a. Mailing Address

21 9951 S. Orange Blossom Trail

26

4. FEI Number  
59-6064616

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

23 City & State  
Orlando, Fl

28 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

24 Zip  
32837

25 Country  
USA

29 Zip

30 Country

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

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 Zip Code

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 title if applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME MURPHY, LARRY  
STREET ADDRESS 9951 S. ORANGE BLOSSOM TRAIL  
CITY-ST-ZIP ORLANDO FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

CD ☒ Change ☐ Addition

TITLE CD ☒ DELETE  
NAME PARKS, JACK  
STREET ADDRESS 10505 N. FLORIDA AVE  
CITY-ST-ZIP TAMPA FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE D ☐ DELETE  
NAME UNDERHILL, BILL  
STREET ADDRESS 2372 S. TAMiami TRAIL  
CITY-ST-ZIP VENICE FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Coral Gables, Fl 33146 ☐ Change ☐ Addition

TITLE D ☒ DELETE  
NAME WENZEL, BRUCE  
STREET ADDRESS 3801 S.E. FEDERAL HIGHWAY  
CITY-ST-ZIP STUART FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE D ☒ DELETE  
NAME ANDERSON, LEE  
STREET ADDRESS P.O. BOX 138 N/A  
CITY-ST-ZIP WAYCROSS GA 31502

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD ☐ DELETE  
NAME HAMILTON, JOEL  
STREET ADDRESS 12 E. SUNRISE BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☒ Addition

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 179.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)