


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90072 011 \*\*\*\*61.25

|  |   |  |
|--|---|--|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # 746043**

1. Corporation Name

**ORLANDO CHEVROLET DEALERS ADVERTISING ASSOCIATIO  
N, INC.**

Principal Place of Business

2800 W KING ST  
COCOA FL 32926  
US

Mailing Address

2800 W KING ST  
COCOA FL 32926  
US



|   |  |  |
|---|--|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 3. Date Incorporated or Qualified<br>02/22/1979<br>4. FEI Number<br>59-2269662<br>Applied For<br>Not Applicable<br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|--|

9. Name and Address of Current Registered Agent

**STARLING, BRUCE C.  
1004 LANCASTER DR.  
ORLANDO FL 32806**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | P                        | <input type="checkbox"/> DELETE |
| NAME           | MEALEY, KEVIN            |                                 |
| STREET ADDRESS | 3707 COLONIAL DR         |                                 |
| CITY-ST-ZIP    | ORLANDO FL               |                                 |
| TITLE          | V                        | <input type="checkbox"/> DELETE |
| NAME           | HOLLER, ROGER III        |                                 |
| STREET ADDRESS | 860 FAIRBANKS AVE.       |                                 |
| CITY-ST-ZIP    | WINTER PARK FL           |                                 |
| TITLE          | ST                       | <input type="checkbox"/> DELETE |
| NAME           | STEELE, ROBERT B         |                                 |
| STREET ADDRESS | 2800 W KING ST           |                                 |
| CITY-ST-ZIP    | COCOA FL                 |                                 |
| TITLE          | D                        | <input type="checkbox"/> DELETE |
| NAME           | RITCHEY, GLEN            |                                 |
| STREET ADDRESS | 551 N NOVA RD            |                                 |
| CITY-ST-ZIP    | DAYTONA BEACH FL         |                                 |
| TITLE          | D                        | <input type="checkbox"/> DELETE |
| NAME           | STARLING, ALAN           |                                 |
| STREET ADDRESS | 2499 N ORANGE BLOSSOM TR |                                 |
| CITY-ST-ZIP    | KISSIMEE FL              |                                 |
| TITLE          | D                        | <input type="checkbox"/> DELETE |
| NAME           | GANNAWAY, VANN           |                                 |
| STREET ADDRESS | 15140 US HWY. 441        |                                 |
| CITY-ST-ZIP    | EUSTIS FL                |                                 |

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          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 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          | <input 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 all other like empowered.

SIGNATURE: **R. B. STEELE**  
Treasurer

02/09/99 (407) 632-6700

Date

Daytime Phone #

CR2E037 (11/98)