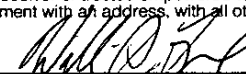


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90027 040 ****61.25

DOCUMENT # 752137 1. Entity Name JACKSONVILLE AUTOMOBILE DEALERS ASSOCIATION, INC.					
Principal Place of Business 4811 BEACH BLVD. JACKSONVILLE, FL 32207 US				Mailing Address P.O. BOX 8055 FLEMING ISLAND, FL 32006-8055 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7294217	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMITH, JOHN 4811 BEACH BLVD JACKSONVILLE, FL 32207			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	MARTIN, LARRY		NAME		
STREET ADDRESS	10880 PHILLIPS HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	MCCORMICK, MILLER		NAME		
STREET ADDRESS	10939 ATLANTIC BLVD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	LYNCH, BILL		NAME	P	
STREET ADDRESS	7447 BLANDING BLVD		STREET ADDRESS	2165 River Blvd.	
CITY-ST-ZIP	JACKSONVILLE, FL 32244		CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	P	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	NIMNIGHT, BILLIE		NAME	D	
STREET ADDRESS	1550 CASSAT AVENUE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HODGES, DAVID JR		NAME		
STREET ADDRESS	701 FISK STREET, SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32204		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			1 of 2 pages See attached sheet for additions/changes to Officers & Directors		
SIGNATURE: 			Date 7-28-05 Daytime Phone #		

50058911



07152005 Chg-NP CR2E037 (10/03)

4. FEI Number
23-7294217 Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
D MARTIN, LARRY 10880 PHILLIPS HIGHWAY JACKSONVILLE, FL 32256 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D MCCORMICK, MILLER 10939 ATLANTIC BLVD JACKSONVILLE, FL 32225 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
VP LYNCH, BILL 7447 BLANDING BLVD JACKSONVILLE, FL 32244 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
P NIMNIGHT, BILLIE 1550 CASSAT AVENUE JACKSONVILLE, FL 32210 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D HODGES, DAVID JR 701 FISK STREET, SUITE 300 JACKSONVILLE, FL 32204 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
P 2165 River Blvd. Jacksonville, FL 32204 ☒ Change ☐ Addition
D ☒ Change ☐ Addition

1 of 2 pages
 See attached sheet for additions/changes to Officers & Directors

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #