## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 824144

(0)

Mailing Address

KELLY LINCOLN-MERCURY, INC.

FILED
May 07 1998 8:00am
Secretary of State

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| 7447 BLANDING BLVD.<br>P.O. BOX 14329<br>JACKSOHVILLE FL 32238-8329   |                                       | 7447 Blanding Blvd.<br>P.O. Box 14329<br>Jacksonville FL 3223 |           |             | DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified |                                |  |
|---|---------------------------------------|---|-----------|-------------|---|--------------------------------|--|
|   |                                       |   |           |             | 02/20/1970  |                                |  |
| 2. Principal Pla  | ce of Business                        | 2a. Mailing Address   |           |             | 4. FEI Number   | Applied For                    |  |
| 21  |                                       | 26  |           |             | 23-1626189  | Not Applicable                 |  |
| Suite, Apt. #   | , etc.                                | Suite, Apt. #, etc.   |           |             |   | \$8.75 Additional              |  |
| 22 City & Ct-1-   |                                       | 27 Sit 4 State  |           |             | 5. Certificate of Status Desired                              | Fee Required                   |  |
| City & State  |                                       | City & State  |           |             | Election Campaign Financing     Trust Fund Contribution       | \$5.00 May Be<br>Added to Fees |  |
| Zip   | Country                               | Ziρ   | Count     | У           | 8. This corporation owes or has paid the cu                   | · ·                            |  |
| 24  | 25                                    | 29  | 30        |             |   | ∐ Yes <b>XX</b> No             |  |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  |                                       |   |           |             |   |                                |  |
|   | LY, GREGORY W.                        |   | 6         | Name        |   |                                |  |
| 7447 BLANDING BLVD.<br>JACKSONVILLE FL 32238  |                                       |   | 8:        | 2 Street Ad | ddress (P.O. Box Number is Not Acceptable)                    |                                |  |
| U U   | MOONWILL I'L GEEGG                    |   | 8         | 3           |   |                                |  |
|   |                                       |   | 8         | City        | FI  | 85 Zip Code                    |  |
| 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 obligations of, Section 607.0505, Florida Statutes. |                                       |   |           |             |   |                                |  |
| SIGNATURE Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  |                                       |   |           |             |   |                                |  |
| 12.   | OFFICERS AN                           | ID DIRECTORS  | 13.       |             | ADDITIONS/CHANGES TO OFFICERS AN                              | ID DIRECTORS IN 12             |  |
| TITLE   | PT                                    | ☐ DELETE  | 1.1 TITLE |             |   | ☐ Change ☐ Addition            |  |
| NAME  | KELLY, GREGORY W                      |   | 1.2 NAME  |             |   |                                |  |
| STREET ADDRESS  | 7447 BLANDING BLVD.                   |   | 1.3 STRE  | ET ADDRESS  |   |                                |  |
| CITY-ST-ZIP   | JACKSONVILLE FL                       |   | 1.4 CITY  | ST-ZIP      |   |                                |  |
| TITLE   | VS                                    | DELETE  | 2.1 THTLE |             |   | Change Addition                |  |
| NAME  | KELLY, EDWARD J., JR.                 |   | 2.2 NAME  | :           |   |                                |  |
| STREET ADDRESS  | 7447 BLANDING BLVD.                   |   | 2.3 STREE | ET ADDRESS  |   |                                |  |
| CITY-ST-ZIP   | JACKSONVILLE FL                       |   | 2. 4 CITY | -ST-ZIP     |   |                                |  |
| TITLE   | V                                     | ☐ DELETE  | 3.1 TITLE |             |   | Change Addition                |  |
| NAME  | KELLY, ROBERT                         |   | 3 2 NAME  |             |   |                                |  |
| STREET ADDRESS  | 7447 BLANDING BLVD.                   |   | 3.3 STREE | ET ADDRESS  |   |                                |  |
| CITY-ST-ZIP   | JACKSONVILLE FL                       |   | 3.4. CITY | -ST-ZIP     |   |                                |  |
| TITLE   |                                       | ☐ DELETE  | 4.1 TITLE |             | · · · · · · · · · · · · · · · · · · ·                         | Change Addition                |  |
| RAME  |                                       |   | 4. 2 NAM  | <b> </b>    |   |                                |  |
| STREET ADDRESS  |                                       |   | 4.3 STRF  | T ADDRESS   |   |                                |  |
| CITY-ST-ZIP   |                                       |   | 4.4 CITY  |             |   |                                |  |
| TITLE   |                                       | DELETE  | 5.1 TITLE |             |   | Change Addition                |  |
| NAME  |                                       |   | 5.2 NAME  |             |   |                                |  |
| STREET ADDRESS  |                                       |   |           | ET ADDRESS  |   |                                |  |
| CITY-ST-ZIP   |                                       |   | 5.4 CITY  |             |   |                                |  |
| TITLE   |                                       | DELETE  | 6.1 TITLE |             |   | ☐ Change ☐ Addition            |  |
| NAME  |                                       |   | 6.2 NAME  |             |   | • —                            |  |
| STREET ADDRESS  |                                       |   |           | ET ADDRESS  |   |                                |  |
| CITY-ST-ZIP   |                                       |   | 6.4 CITY  |             |   |                                |  |
|   | rtify that the information supplied v | with this filing does not qualify for                         |           |             | in Section 119.07(3)(i), Florida Statutes. I further of       | ertify that the information    |  |

In the by certify that the information supplied with this tiling 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 suppliemental 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 in the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with an address.

SIGNATURE:

( -DORORN IN HELL

4/20/98

904-777-3000