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Jan 31 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 840578 (9)  
1. Corporation Name  
DELAND FORD, LINCOLN-MERCURY, INC.



Principal Place of Business: 2655 N. VOLUSIA AVE. P.O. BOX 741120 ORANGE CITY FL 32774-8120

Mailing Address: 2655 N. VOLUSIA AVE. P.O. BOX 741120 ORANGE CITY FL 32774-1120

3. Date Incorporated or Qualified: 05/02/1978  
3a. Date of Last Report: 01/24/1996  
4. FEI Number: 59-1808492  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent  
HUMPHRIES, J GREGORY  
201 E PINE ST STE 700  
ORLANDO FL 32801

10. Name and Address of New Registered Agent (81-85)

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACEY, EDWARD T.	1.2 NAME	
STREET ADDRESS	2327 SOUTHERN PINES PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACEY, THOMAS L	2.2 NAME	
STREET ADDRESS	1039 TORCHWOOD DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TABAR, PAULA L	3.2 NAME	
STREET ADDRESS	1521 ROBINWOOD DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Paula L. Tabar* REQUIRED PAULA TABAR Section 1/27/97 904 775 1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)