FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H33937** **(4)**

1. Corporation Name

DELAND DODGE, INC.

Principal Place of Business	Mailing Address
2322 SOUTH WOODLAND BOULEVARD P O BOX 1900 DELAND FL 32721-8900	2322 SOUTH WOODLAND BOULEVARD P O BOX 1900 DELAND FL 32721-8900

3. Date Incorporated or Qualified: **12/13/1984**
3a. Date of Last Report: **04/24/1995**

4. FEI Number: **59-2470492** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

8. This corporation has authority for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GARBIG, TERRY A.
2615 SPRING VALLEY CIRCLE
DELAND FL 32720

10. Name and Address of New Registered Agent

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 607.0502 and 617.1505, 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, ART		2 NAME	
STREET ADDRESS	1749 SW COLLEGE ROAD		3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL		4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	BOSTIC, WANDA		6 NAME	
STREET ADDRESS	9515 SW 9 PLACE		7 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		8 CITY-ST-ZIP	
TITLE	V	☐ DELETE	9 TITLE	☐ Change ☐ Addition
NAME	GARBIG, TERRY A		10 NAME	
STREET ADDRESS	2615 SPRING VALLEY CIR.		11 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL		12 CITY-ST-ZIP	
TITLE		☐ DELETE	13 TITLE	☐ Change ☒ Addition
NAME			14 NAME	B Director Bobby L Watts
STREET ADDRESS			15 STREET ADDRESS	1236 Feather Dr
CITY-ST-ZIP			16 CITY-ST-ZIP	Deltona FL 32725
TITLE		☐ DELETE	17 TITLE	☐ Change ☒ Addition
NAME			18 NAME	Director Barbara Sullivan
STREET ADDRESS			19 STREET ADDRESS	220 Osceola Way
CITY-ST-ZIP			20 CITY-ST-ZIP	Palm Beach FL 33480
TITLE		☐ DELETE	21 TITLE	☐ Change ☒ Addition
NAME			22 NAME	Director Sean Sullivan
STREET ADDRESS			23 STREET ADDRESS	2350 Broadway #1038
CITY-ST-ZIP			24 CITY-ST-ZIP	New York, NY 10024

14. I do hereby certify that the information supplied with this filing 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 added above.

SIGNATURE: ✓ Bobby L Watts 4/1/96 904-734-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Bobby L Watts

CR2E034 (12/95)