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**Feb 27 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 # H33937 (4)

**1. Corporation Name
DELAND DODGE, INC.**



Principal Place of Business **Mailing Address**
2322 SOUTH WOODLAND BOULEVARD 2322 SOUTH WOODLAND BOULEVARD
P O BOX 1800 P O BOX 1800
DELAND FL 32721-8900 DELAND FL 32721-1900

3. Date Incorporated or Qualified **3a. Date of Last Report**
12/13/1984 04/09/1996

2. Principal Place of Business **2a. Mailing Address** **4. FEI Number** **Applied For**
21 26 59-2470492 Not Applicable

22. Suite, Apt. #, etc. **27. Suite, Apt. #, etc.** **5. Certificate of Status Desired** **\$8.75 Additional Fee Required**

23. City & State **28. City & State** **6. Election Campaign Financing Trust Fund Contribution** **\$5.00 May Be Added to Fees**

24. Zip **25. Country** **29. Zip** **30. Country** **8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes** Yes No

9. Name and Address of Current Registered Agent **10. Name and Address of New Registered Agent**

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

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 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, ART	1.2 NAME	
STREET ADDRESS	1749 SW COLLEGE ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	1.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSTIC, WANDA	2.2 NAME	
STREET ADDRESS	9515 SW 9 PLACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARBIG, TERRY A.	3.2 NAME	
STREET ADDRESS	2615 SPRING VALLEY CIR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	DELAND FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTS, BOBBY L.	4.2 NAME	
STREET ADDRESS	1236 FEATHER DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	DELTONA FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, BARBARA	5.2 NAME	
STREET ADDRESS	2220 OSCEOLA WAY	5.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	5.4 CITY - ST - ZIP	
TITLE	AAD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, SEAN	6.2 NAME	
STREET ADDRESS	2350 BROADWAY #1038	6.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	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: *[Signature]* **2/21/96** **904-734-7800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)