

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

FILED

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

**2322 SOUTH WOODLAND BOULEVARD  
P O BOX 1900  
DELAND FL 32721-8900**

Mailing Address

**2322 SOUTH WOODLAND BOULEVARD  
P O BOX 1900  
DELAND FL 32721-1900**



3. Date Incorporated or Qualified

**12/13/1984**

3a. Date of Last Report

**04/09/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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**

8. This corporation has liability 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 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 registering agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **SULLIVAN, ART**  
STREET ADDRESS **1749 SW COLLEGE ROAD**  
CITY - ST - ZIP **OCALA FL**

TITLE **ST** ☐ DELETE

NAME **BOSTIC, WANDA**  
STREET ADDRESS **9515 SW 9 PLACE**  
CITY - ST - ZIP **GAINESVILLE FL**

TITLE **V** ☐ DELETE

NAME **GARBIG, TERRY A**  
STREET ADDRESS **2615 SPRING VALLEY CIR.**  
CITY - ST - ZIP **DELAND FL**

TITLE **D** ☐ DELETE

NAME **WATTS, BOBBY L**  
STREET ADDRESS **1236 FEATHER DRIVE**  
CITY - ST - ZIP **DELTONA FL**

TITLE **D** ☐ DELETE

NAME **SULLIVAN, BARBARA**  
STREET ADDRESS **2220 OSCEOLA WAY**  
CITY - ST - ZIP **PALM BEACH FL**

TITLE **AAD** ☐ DELETE

NAME **SULLIVAN, SEAN**  
STREET ADDRESS **2350 BROADWAY #1038**  
CITY - ST - ZIP **NEW YORK NY**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/21/96**

**904-734-7800**

Date

Daytime Phone #

CR2E034 (9/96)