

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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 32721-8900
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 32721-1900		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 32721-1900		3. Date Incorporated or Qualified 12/13/1984	
29 32721-1900		30 32721-1900		4. FEI Number 59-2470492	
29 32721-1900		30 32721-1900		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 32721-1900		30 32721-1900		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 32721-1900		30 32721-1900		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GARBIG, TERRY A.
2815 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) 2322 S. Woodland Blvd
83	
84 City Deland	85 Zip Code FL 32720

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	1.1 TITLE	P
NAME	SULLIVAN, ART	1.2 NAME	Sullivan, Art
STREET ADDRESS	1749 SW COLLEGE ROAD	1.3 STREET ADDRESS	246 Monterey Road
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	ST	2.1 TITLE	
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	3.1 TITLE	V
NAME	GARBIG, TERRY A	3.2 NAME	Garbig, Terry A.
STREET ADDRESS	2815 SPRING VALLEY CIR.	3.3 STREET ADDRESS	800 E. Hwy 318
CITY-ST-ZIP	DELAND FL	3.4 CITY-ST-ZIP	Citra FL 32113
TITLE	D	4.1 TITLE	
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	5.1 TITLE	
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	6.1 TITLE	
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 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:

Wanda Bostic

3/19/98

904-734-7800

CR2E034 (10/97)