

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 # L12060 (4)

1. Corporation Name

DELAND LINCOLN MERCURY, INC.

Principal Place of Business

2655 NORTH VOLUSIA AVE.  
ORANGE CITY FL 32763-2214  
US

Mailing Address

2655 NORTH VOLUSIA AVE.  
ORANGE CITY FL 32763-2214  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
08/25/1989

3a. Date of Last Report  
03/17/1995

4. FEI Number

59-2964794

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

10. Name and Address of New Registered Agent

HUMPHRIES, J. GREGORY  
201-E PINE ST STE 700  
4TH FLOOR  
ORLANDO 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 (if titled and acceptable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | DP                        | <input type="checkbox"/> DELETE |
| NAME           | LACEY, EDWARD T.          |                                 |
| STREET ADDRESS | 2327 SOUTHERN PINES PLACE |                                 |
| CITY- ST- ZIP  | DELAND FL                 |                                 |
| TITLE          | D                         | <input type="checkbox"/> DELETE |
| NAME           | LACEY, THOMAS L           |                                 |
| STREET ADDRESS | 1039 TORCHWOOD DR         |                                 |
| CITY- ST- ZIP  | DELAND FL                 |                                 |
| TITLE          | STD                       | <input type="checkbox"/> DELETE |
| NAME           | TABAR, PAULA L            |                                 |
| STREET ADDRESS | 1521 ROBINWOOD DR.        |                                 |
| CITY- ST- ZIP  | DELAND FL                 |                                 |
| TITLE          |                           | <input type="checkbox"/> DELETE |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY- ST- ZIP  |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> DELETE |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY- ST- ZIP  |                           |                                 |

|   |   |
|---|---|
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.1 TITLE   |   |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY- ST- ZIP                                     |   |
| 2.1 TITLE   |   |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY- ST- ZIP                                     |   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY- ST- ZIP                                     |   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY- ST- ZIP                                     |   |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY- ST- ZIP                                     |   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  |   |
| 6.3 STREET ADDRESS                                    |   |
| 6.4 CITY- ST- ZIP                                     |   |

900001707829  
-02/06/96--01087--003  
\*\*\*\*200.00 \*\*\*\*200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96

Date

(904)775-1000

Daytime Phone #

CR2E034 (12/95)