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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L12060 1. Corporation Name

DELAND LINCOLN MERCURY, INC.

		, 					
Principal Place	of Business	Mailing Address					
2655 NORTH VO		2655 NORTH VOLUSIA			e e e e e e e e e e e e e e e e e e e		
ORANGE-CITY-FL=32763-2214		US US		DO NOT WRI	DO NOT WRITE IN THIS SPACE		
JS		us		3. Date Incorporated or Qualifed			
				08/25/1989			
2 Principal P	ace of Business	2a. Mailing Address		4. FEI Number	App	olied For	
2. 1 morpart	200 0. 220000	26		59-2964794		Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A		
2		27		3. Certificate of Citation Desired	- Fee Rec		
City & Stat	9	City & State		6. Election Campaign Financing	\$5.00	•	
23		28	<u> </u>	Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Country 🛶	8. This corporation owes the curr	rent year Intangible Yes	□No	
24	25	29	30	Personal Property Tax.		<u> </u>	
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New F	Registered Agent		
CH BA	DUDICE I ODECODY	•					
	PHRIES, J. GREGORY E PINE ST STE 700		82 Street	Address (P.O. Box Number is Not Accept	able)		
	FLOOR	•		- 1 (1.1.1.2.1.2.2.1.2.1.1.1.1.1.1.1.1.1.2	Control of the Contro	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
	ANDO FL 32801		83				
UNL	ANDO FL 32001	ف عدمت مید بعیدین دید	84 - City		85 - Zip C	ode — —	
manggam agamagaman	And the state of			accountion submits this statement for the	purpose of changing its	registered	
11. Pursuant		02 and 607.1508, Florida Sta	atutes, the above-hamed	corporation submits this statement for the oration's board of directors. I hereby acce	pt the appointment as reg	gistered	
			is auditolized by the corp		• • • • • • • • • • • • • • • • • • • •		
	m familiar with, and accept the obliga	ations of, Section 607.0505,	Florida Statutes.				
	m familiar with, and accept the obliga	ations of, Section 607.0505,	rigilda Statutes.				
office or i agent. I a	m familiar with, and accept the obligation of registered age.	ant and title if applicable. (N	OTE: Registered Agent signature	required when reinstating)	DATE		
office or agent. I a SIGNATURE	m familiar with, and accept the obligation of registered age of the obligation of th	ent and title if applicable. (N ND DIRECTORS	OTE: Registered Agent signature	required when reinstating)	DATE		
office or agent. I a SIGNATURE 12. TITLE	m familiar with, and accept the obligation of registered age OFFICERS AIDP	ant and title if applicable. (N	IOTE: Registered Agent signature 13. 1.1 TITLE	required when reinstating)	DATE FICERS AND DIRECTO	RS IN 12	
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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, with all other like empowered.

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90045 039 ***150.00