

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90107 029 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24193

1. Corporation Name

ORLANDO ZONE JEEP/EAGLE ADVERTISING ASSOCIATION,
INC.

Principal Place of Business

1776 N. PINE ISLAND RD.
#314
PLANTATION FL 33322
US

Mailing Address

1776 N PINE ISLAND RD.
#314
PLANTATION FL 33322
US



2. Principal Place of Business

1 Suite, Apt. #, etc.

2 City & State

3 Zip Country

4

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

12/30/1987

4. FEI Number

65-0021739

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

9. Name and Address of Current Registered Agent

JENSEN, ROBERT W.
4675 PONCE DE LEON BLVD STE #305
CORAL GABLES FL 33146

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE TS ☐ DELETE

NAME MUDRY, L

STREET ADDRESS 14375 S TAMiami TR

CITY-ST-ZIP FT MYERS FL 33912

TITLE P ☐ DELETE

NAME DOUGLAS, WILLIAM

STREET ADDRESS 4650 34TH ST. N.

CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE

NAME GRIFFIN, F

STREET ADDRESS 5735 PHILLIPS HWY

CITY-ST-ZIP JAX FL 32216

TITLE VP ☐ DELETE

NAME LOWE, PHIL

STREET ADDRESS P.O. BOX 1926 N/A

CITY-ST-ZIP ST. AUGUSTINE FL

TITLE D ☐ DELETE

NAME MOODY, P

STREET ADDRESS 3987 W TENNESSEE ST

CITY-ST-ZIP TALL FL 32304

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0502, 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 as officer or director of the corporation or the receiver or trustee empowered to execute this report has 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 617, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)