

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50864 (0)

1. Corporation Name

SOUTHERN GOLD STAR DODGE DEALERS ADVERTISING ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 794
MARIANNA FL 32447
US

P.O. BOX 794
MARIANNA FL 32447
US

3. Date Incorporated or Qualified

09/16/1992

3a. Date of Last Report

03/02/1995

2. Principal Place of Business

Four Bradley Park Court

2a. Mailing Address

Four Bradley Park Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Columbus, GA

City & State

Columbus, GA

Zip

31904

Country

US

Zip

31904

Country

US

4. FEI Number

59-3149687

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

**PFORTE, ROBERT
2958 HERITAGE RD.
MARIANNA FL 32446**

10. Name and Address of New Registered Agent

81. Name

Chris Smith

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

1515 N. Main Street

83.

84. City

Gainesville

FL

85. Zip Code

32601

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]

Chris Smith Treas.

2/6/96

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PFORTE, BOB	
STREET ADDRESS	4214 WEST LAFAYETTE	
CITY-ST-ZIP	MARIANNA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHORE, BILL	
STREET ADDRESS	1672 CASSAT AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOWE, PHIL	
STREET ADDRESS	2330 US 1 SOUTH	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MYERS, R.C. (DICK)	
STREET ADDRESS	4075 N. TAMiami TRAIL	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SALIM, JOSEPH	
STREET ADDRESS	840 S. HARBOR CITY BOULEVARD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSON, BOB JR.	
STREET ADDRESS	11945 N. FLORIDA AVE	
CITY-ST-ZIP	TAMPA FL 21	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Smith, Chris	
1.3 STREET ADDRESS	1515 N. Main Street	
1.4 CITY-ST-ZIP	Gainesville, FL 32601	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Shore, Bill	
2.3 STREET ADDRESS	1672 Cassat Avenue	
2.4 CITY-ST-ZIP	Jacksonville, FL 32210	
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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Smith, Mike	
5.3 STREET ADDRESS	4101 W. Colonial Drive	
5.4 CITY-ST-ZIP	Orlando, FL 32808	
6.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Wilson, Bob Jr.	
6.3 STREET ADDRESS	11945 N. Florida Avenue	
6.4 CITY-ST-ZIP	Tampa, FL 33612	

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 617, 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

Chris Smith Treas.

Date

2/6/96

Daytime Phone #

352 372 4343

CR2E037 (12/95)