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FILED
Feb 26 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N93000000896 (1)

1. Corporation Name

BAY AREA MAZDA DEALERS ADVERTISING ASSOCIATION I
NC.



Principal Place of Business

405 EIGHTH AVENUE WEST
PALMETTO FL 34221

Mailing Address

405 EIGHTH AVENUE WEST
PALMETTO FL 34221

3. Date Incorporated or Qualified

02/23/1993

4. FEI Number

59-3192643

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

28 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FENIMORE, DANIEL
405 EIGHTH AVENUE WEST
PALMETTO FL 34221

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 PD
NAME THOMAS, JAMES
STREET ADDRESS 21154 U.S. HIGHWAY 19 N.
CITY-ST-ZIP CLEARWATER FL 34625 ☒ DELETE

TITLE D
NAME DOCKERY, ROBERT J
STREET ADDRESS 6700 S. TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL 34231 ☐ DELETE

TITLE D
NAME ADAMS, STEPHEN R
STREET ADDRESS 1500 W MEMORIAL BLVD
CITY-ST-ZIP LAKEland FL 33801 ☐ DELETE

TITLE D
NAME WOOLEY, JEFF
STREET ADDRESS 9208 ADAMO DRIVE
CITY-ST-ZIP TAMPA FL 33619 ☐ DELETE

TITLE TD
NAME FENIMORE, DANIEL
STREET ADDRESS 405 EIGHTH AVENUE WEST
CITY-ST-ZIP PALMETTO FL 34221 ☐ DELETE

TITLE D
NAME THORNTON, ROY
STREET ADDRESS 3530 BEE RIDGE ROAD
CITY-ST-ZIP SARASOTA FL 34239 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME REARDON, STEVEN A.
1.3 STREET ADDRESS 10133 U.S. HIGHWAY 19
1.4 CITY-ST-ZIP PORT RICHEY, FL 34668 ☐ Change ☒ Addition

2.1 TITLE D
2.2 NAME HEINZ, WILLIAM
2.3 STREET ADDRESS 11025 NORTH FLORIDA AVENUE
2.4 CITY-ST-ZIP TAMPA, FL 33612 ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 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] 2/18/98

CR2E037 (10/97)