## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1	1996	DIVISION OF COF	DIVISION OF CORPORATIONS				
DOCUN 1. Corporation	MENT # N930000047	85					
Jackso	nville Mazda Dealer	s Advertising Asso	ciati	on, Inc			
Principal Place	of Business	Mailing Address			_		
9850 Atlantic Boulevard 9850 Atlantic Boulevard				ard			
	ille, FL 32225	Jacksonville, F	FL 32	225			
					3. Date Incorporated or Qualified 10/22/93	3a. Date of Last F 05/01/9	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	<del> </del>	pplied For	
21		Suite, Apt. #, etc.		59-3178373		lot Applicable Additional	
Suite, Apt. #, etc.		<del> </del>	27		5. Certificate of Status Desired	T -	Required
City & State	}	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution	Added	to Fees
Zφ	Country	Zip 30	Country		8. This corporation has liability for in Florida Statutes	itangible tax under s. ∶ ] Yes <b>[</b> x] No	199.032,
24	25 9. Name and Address of Currer		<u> </u>		10. Name and Address of New Re		
			81	Name			
Bush, John P.				Street Addr	ess (P.O. Box Number is Not Acceptable	>)	
9850 Atlantic Boulevard Jacksonville, FL 32225							
Jacksonville, FL 52225			83				
<b>L</b>			84	City		FI 85 Zp	Code
11. Pursuant t	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statutes, ti	he above-r	named corpor	ation submits this statement for the purp	ose of changing its re	egistered office
or register	red agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change was authorized b	by the corp	oration's boar	rd of directors. I hereby accept the appoi	ntment as registered	agent. I am
SIGNATURE	ar, and brook the bargeton of all						
	Signature, typed or printed name of registrood agent		Registered Agen	к зауналаго гесқатег	ADDITIONS/CHANGES TO OFFIC	DATE OF RSIAND DIRECTO	EIS IN 12
12.	D OFFICERS AN	D DIRECTORS    DELETE	1.1 TITLE		ADDITIONS OF STORES TO COLLE	☐ Change	Addition
NAME	James, Steve G.	<u></u>	1.2 NAME				
1			1.3 STREET ADDRESS				
CITY-ST-ZIP	Brunswick, GA 31520		14 CHY-S	ST - ZIP			T along
TITLE	STD		2 1 TITLE	1		Change	Addition
NAME	Bush, John P.		2 2 NAME	r inopres			
Į i	9850 Atlantic Boulevard		2 3 STREET ADDRESS 2 4 CITY-ST-ZIP				
CITY - ST - ZIP	Jacksonville, FL 32225		3 1 TITLE	31-211		TX Charge	☐ Addition
NAME	Bush, Thomas M., Jr.		3 2 NAME				
STREET ADDRESS	9850 Atlantic Boule		3 3 STREET	TADDRESS 69	16 Blanding Boulevard	ſ	
CITY-ST-ZIP	Jacksonville, FL	32225	3.4. CITY -	ST-ZIP Ja	cksenville, Fb 3221	L_ ☐ Change	Addition
THTLE	D	DELETE	4 1 TITLE	ĺ		[] Change	☐ Addition
NAME	Anderson, A L, Jr.		4. 2 NAME	1 ADDRESS			
STREET ADDRESS CITY-ST-ZIP	2251 Knight Avenue Waycross, GA 31501	<u> </u>	4.3 STREET				
TITLE	D D	DELETE	5 1 TITLE	<u> </u>		X Change	Addition
NAME	Hutchinson, Buddy		5 2 NAMÉ				
STREET ADDRESS	2898 US 1 South		5.3 STREET	T ADDRESS			
CITY-ST-ZIP	St. Augustine, FL	32084	5.4 CITY - 9	ST-ZIP <b>St</b>	. Augustine, FL 3208	50	Addition
THILE	D	DELETE	61 TITLE	1	90000189	y. <b>ゴレビニッ</b> つつ010	☐ Magnion
NAME CINCEL ADDRESS	Albritton, Patrick	raat	62 NAME	I ADDRESS	-06/06/96010	22013	$\sim$ 1
AUTV PT JID	Take City El 3204	5.5	64 CITY-	ST - 71P	***61.25		1. My)
CITY-ST-ZIP	by certify that the information supplied	with this filing is voluntarily furnish	ed and doe	es not qualify	for the exemption stated in Section 119.	07(3)(k), Florida Statut	tes. VALer

roo nereby defining man the minimation supplies with this limiting is voluntarily further and does not quality for the exemption stated in Section 113-07-08/kg, Florida Statutes, 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 nappears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE;

4-29.96 904.725-0911
Depter Prove #