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FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004785 (2)**

1. Corporation Name

**JACKSONVILLE MAZDA DEALERS ADVERTISING ASSOCIATI
ON INC.**



Principal Place of Business 9850 ATLANTIC BLVD. JACKSONVILLE FL 32225	Mailing Address 9850 ATLANTIC BLVD. JACKSONVILLE FL 32225-8536
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 32225	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 32225	3. Date Incorporated or Qualified 10/22/1993	3a. Date of Last Report 05/01/1996
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4. FEI Number 59-3178373	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BUSH, JOHN P. 9850 ATLANTIC BLVD. JACKSONVILLE FL 32225 32225	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	JAMES, STEVE G
STREET ADDRESS	2915 NORWICH STREET
CITY-ST-ZIP	BRUNSWICK GA 31520
TITLE	STD <input type="checkbox"/> DELETE
NAME	BUSH, JOHN P
STREET ADDRESS	9850 ATLANTIC BLVD.
CITY-ST-ZIP	JACKSONVILLE FL 32225
TITLE	PD <input type="checkbox"/> DELETE
NAME	BUSH, THOMAS M JR
STREET ADDRESS	9850 ATLANTIC BLVD.
CITY-ST-ZIP	JACKSONVILLE FL 32225
TITLE	D <input type="checkbox"/> DELETE
NAME	ANDERSON, A L JR
STREET ADDRESS	2251 KNIGHT AVENUE
CITY-ST-ZIP	WAYCROSS GA 31501
TITLE	D <input type="checkbox"/> DELETE
NAME	HUTCHINSON, BUDDY
STREET ADDRESS	2898 US 1 SOUTH
CITY-ST-ZIP	ST. AUGUSTINE FL 32086
TITLE	D <input type="checkbox"/> DELETE
NAME	ALBRITTON, PARTICK
STREET ADDRESS	500 SOUTH FORST STREET
CITY-ST-ZIP	LAKE CITY FL 32055

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hugh M. Rennie
1.3 STREET ADDRESS	2915 Norwich Street
1.4 CITY-ST-ZIP	Brunswick, GA 31520
2.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BUSH, JOHN P.
2.3 STREET ADDRESS	9850 ATLANTIC BLVD.
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225 32225
3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BUSH, THOMAS M. JR
3.3 STREET ADDRESS	6916 BLANDING BLVD.
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225 32225
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: John P. Bush 2-28-97 904-725-0911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0006046

CP2E037 (9/96)