FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

BUSH, JOHN P.

9850 ATLANTIC BLVD.

CITY-ST-ZIP

22

DOCUMENT #
1. Corporation Name

N93000004785 (2)

Jacksonville mazda dealers advertising associati ON INC.

FILED May 14 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address	* 14921190 DID 10110 00111 00111 00111 00111 00111	
9850 ATLANTIC BLVD. JACKSONVILLE FL 32225	9850 ATLANTIC BLVD. JACKSONVILLE FL 32225	3. Date Incorporated or Qualified 10/22/1993	
		4. FEI Number	Applied For
		59-3178373	Not Applicable
2. Principal Place of Business	2a. Mailing Address 26	1 b. Continuate of Status Desired Lane.	.75 Additional see Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.		.00 May Be ided to Fees
City & State	City & State	7. Is this nonprofit corporation a homeowners asso	
Zip Country	Zip Country 30	This corporation owes or has paid the current yes Personal Property Tax due June 30.	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

Name

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

83 JACKSONVILLE FL 32225

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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change ☐ Addition 1.1 TITLE TITLE RENNIE, HUGH M NAME 1.2 NAME 2915 NORWICH ST STREET ADDRESS 1.3 STREET ADDRESS **BRUNSWICK GA** 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE STD 2.1 TITLE TITL F BUSH, JOHN P NAME 2.2 NAME 9850 ATLANTIC BLVD. 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32225 2. 4 CITY - ST- ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE NAME BUSH, THOMAS M JR 3.2 NAME **69**16 BLANDING BLVD 3.3 STREET ADORESS STREET ADDRESS JACKSONVILLE FL 3.4. CITY - ST - ZIP CITY-SY-ZIP DELETE Change Addition 4.1 TITLE TITLE anderson, a l jr 4. 2 NAME NAME 2251 KNIGHT AVENUE 4.3 STREET ADDRESS STREET ADDRESS WAYCROSS GA 31501 CITY-ST-ZIP 4.4 CITY-ST-ZIP Change ■ Addition DELETE 5.1 TITLE TITLE **HUTCHINSON, BUDDY** 5.2 NAME NAME 2898 US 1 SOUTH 5.3 STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 32086 CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE **ALBRITTON, PARTICK** 6.2 NAME NAME 500 SOUTH FORST STREET 6.3 STREET ADDRESS STREET ADDRESS LAKE CITY FL 32055 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 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.

7-17-00 914-725-1911

Zip Code