

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000234

1. Corporation Name

HOMETOWN GMC DEALERS MARKETING ASSOCIATION, INC.

Principal Place of Business

3122 MAHAN DRIVE
TALLAHASSEE FL 32308

Mailing Address

3122 MAHAN DRIVE
TALLAHASSEE FL 32308

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/16/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3443658	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PROCTOR, W. THEO JR. 3122 MAHAN DRIVE TALLAHASSEE FL 32308				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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROCTOR, W. THEO JR.	1.2 NAME	
STREET ADDRESS	3122 MAHAN DRIVE	1.3 STREET ADDRESS	600003006466--5
CITY-ST-ZIP	TALLAHASSEE FL 32308	1.4 CITY-ST-ZIP	-10/05/99--01110--004
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, BRUCE	2.2 NAME	
STREET ADDRESS	P. O. BOX 350 N/A	2.3 STREET ADDRESS	***200.00
CITY-ST-ZIP	QUINCY FL 32353	2.4 CITY-ST-ZIP	***200.00
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUTNEY, LOUISE	3.2 NAME	
STREET ADDRESS	3122 MAHAN DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, LOU	4.2 NAME	
STREET ADDRESS	P. O. BOX 68 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	THOMASVILLE GA 32799	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKSEY, DON	5.2 NAME	
STREET ADDRESS	P.O. BOX 1760 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	BAINBRIDGE GA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSCH, BART	6.2 NAME	
STREET ADDRESS	P. O. BOX 2478 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	VADOSTA GA 31604	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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1-6-99

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