FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

N96000001721 (7) DOCUMENT

CHECKERS ADVERTISING COOPERATIVE ASSOCIATION OF GAINESVILLE, INC.

FILED Jun 13 1997 8:00am Secretary of State



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Principal Place of Business Mailing Address				n idential ala saure ditri destr aprir aditi parti peret sigli saure side (1881 iribi sa		t Måliti adigt adilet hight spatib (1891 flat født
600 CLEVELA	ND STREET	600 CLEVELAND STREET				
8TH FLOOR CLEARWATER FL 34615		BTH FLOOR CLEARWATER FL 34615-4151				
CEARMAICH	LF \$4012	OCEANWAIGH FE 04010-41	ENNANIEU LE 04010-4131		3. Date Incorporated or Qualified	3a. Date of Last Report
					03/29/1996	
_	- · —		. Mailing Address		4. FEI Number 59-2191090	Applied For
		26 Suite Apt 4 etc	Suite, Apt. #, etc.		312191090	Not Applicable
		27		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country Zip C		Countr	у	8. This corporation has liability for	intangible tax under s. 199.032,
24	25		30			Yes X No
<u> </u>	9. Name and Address of Current R	legistered Agent	81	Al-man	10. Name and Address of New Re	egistered Agent
			61	Name		
CT CORPORATION SYSTEM			82	82 Street Address (P.O. Box Number is Not Acceptable)		ble)
	OUTH PINE ISLAND ROAD		83	 		
PLANIA	ATION FL 33324					
•			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.0502 a	ind 617.1508, Florida Statute	s, the aboy	e-named o	corporation submits this statement for the	
office or	registered agent, or both, in the State of am familiar with, and accept the obligation	Florida, Such change was a ons of, Section 617,0503, Flo.	uthorized b rida Statute	y the corp	oration's board of directors. I hereby acce	pt the appointment as registered
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 a			eni signalure i	required when reinstating)	DATE
12.	OFFICERS AND D		13.		ADDITIONS/CHANGES TO OFFI	
TITLE	DIMARCO ALPEDT I	™ DELETE	1.1 TITLE		P/COO/D Engrand Pilitalia E	
NAME STOREY ADDRESS	DIMARCO, ALBERT J DRESS 600 CLEVELAND STREET, 8TH FLOOR			1.2 NAME 1.3 STREET ADDRESS FORTMANN, RICHARD E. 1.3 STREET ADDRESS 600 CLEVELIND STREET, 8TH FLOOR		8TH FLOOR
STREET ADDRESS CITY-ST-ZIP	CLEARWATER FL 34815	FLOON	1.4 CITY-	II.	CLEARWATER, FL 3461	'S
TITLE	D	DELETE	21 TITLE		EXVP/CFO/D	Change Addition
NAME	KINSEY, KEITH		2.2 NAME		STEIN, JOSEPH N.	<u> </u>
STREET ADDRESS	600 CLEVELAND STREET, 8TH	FLOOR		T ADORESS	600 CLEVELAND STREET	et, STH FLOOR
CITY-ST-ZIP	CLEARWATER FL 34615		2. 4 CITY-	ST-ZIP	CLEARWATER, FZ 346	15
TITLE	D	DELETE	3.1 TITLE		SK VP/GEN COUN/8/D	Change Addition
NAME	HOLDER, JAMES T		32 NAME	į		ţ
STREET ADDRESS	600 CLEVELAND STREET, 8TH	FLOOR	3.3 STREE	t address		
CITY-ST-ZIP	CLEARWATER FL 34615			3.4. CITY - ST- ZIP		
TITLE		☐ DELETE	4.1 TITLE		BECK, WENDY A.	Change 🔀 Addition
NAME	1		4. 2 NAME		600 CLEVEL AND STEE	er, 87H Floor
STREET ADDRESS				T ADDRESS	CLEARWATER, Fr 3	4615
CITY-ST-ZIP		DELETE	4.4 CITY-1 5.1 TITLE	S1 - ZIP	Clenk WAY City C	Change Addition
NAME		Last Process	5.2 NAME			C. O. W. Alo C. Marillon
STREET ADDRESS	1			T ADDRESS		ļ
CITY-ST-ZIP			5.4 CITY-	1		
TITLE		DELETE	61 TITLE	<u></u>		Change Addition
NAME	•		6.2 NAME	}		\
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP			6.4 CITY -	ST-ZIP		
dd Lelo bore	4	data da la dista de la composición de del de la composición del composición de la co			-1(C) OC 440 07(0)(C) Flating Oct.	a A. F. other and a 115 other at at

I do hereby certify that the information supplied with this filling 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.