

05031999_90089-022-\$61.25-\$61.25

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 May 03, 1999 8:00 am
 Secretary of State

05-03-1999 90089 022 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001721**

1. Corporation Name

CHECKERS ADVERTISING COOPERATIVE ASSOCIATION OF
GAINESVILLE, INC.

Principal Place of Business

600 CLEVELAND STREET
8TH FLOOR
CLEARWATER FL 34615

Mailing Address

600 CLEVELAND STREET
8TH FLOOR
CLEARWATER FL 34615

2. Principal Place of Business

14255 49th St. N. **P.O. Box 18800**

Suite, Apt. #, etc.

27

City & State

23 Clearwater, FL

Zip

24 33762 USA

2a. Mailing Address

Suite, Apt. #, etc.

27

City & State

28 Clearwater, FL

Zip

29

Country

30

Country

31

3. Date Incorporated or Qualified

03/29/1996

4. FEI Number

59-2101090 58-2191090

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

7. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 reinstating)

DATE

CR2E037 (11/98)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYNDALL, R		1.2 NAME	Ralph P. Tyndall	
STREET ADDRESS	4518 SW 92TH TERR		1.3 STREET ADDRESS	4518 S.W. 97th Terrace	
CITY-ST-ZIP	GAINESVILLE FL 32608		1.4 CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PANDZA, P		2.2 NAME	Richard A. Peabody	
STREET ADDRESS	600 CLEVELAND ST, 8TH FL		2.3 STREET ADDRESS	14255 49th St. N., Blvd. 1	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	Clearwater, FL 33762	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOLER, J		3.2 NAME	Michelle Grimes	
STREET ADDRESS	600 CLEVELAN ST, 8TH FLOOR		3.3 STREET ADDRESS	14255 49th St. N., Blvd. 1	
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP	Clearwater, FL 33762	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: *Richard A. Peabody*

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Peabody

14/25/99 (727) 519-2000
 Date Daytime Phone #