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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	
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 21 14255 49th St. N. Suite, Apt. #, etc. 22 Bld. 1 City & State 23 Clearwater, FL Zip Country 24 33762 USA		2a. Mailing Address 25 P.O. Box 18800 Suite, Apt. #, etc. 27 City & State 28 Clearwater, FL Zip Country 29 33762-1800 USA		3. Date Incorporated or Qualified 03/29/1996 4. FEI Number 50-2101000 58-2191090 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D
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	2.1 TITLE	T/D
NAME	PANDZA, P	2.2 NAME	Richard A. Peabody
STREET ADDRESS	600 CLEVELAND ST, 8TH FL	2.3 STREET ADDRESS	14255 49th St. N., Bld. 1
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Clearwater, FL 33762
TITLE	TD	3.1 TITLE	S/D
NAME	TOLER, J	3.2 NAME	Michele Grimes
STREET ADDRESS	600 CLEVELAN ST, 8TH FLOOR	3.3 STREET ADDRESS	14255 49th St. N., Bld. 1
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Clearwater, FL 33762
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Peabody

14/24/99 (127) 519-2000

Date

Daytime Phone #

CR2E037 (1/98)