

FILE NOW: FILING FEE IS \$61.25

SOUTHEAST DODGE TRUCK DEALERS ADVERTISING ASSOCIATION, INC. 5034734

NONPROFIT
CORPORATION
ANNUAL REPORT
1998FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Mar 20 1998 8:00am
Secretary of State

DOCUMENT # N97000005473

1. Corporation Name

SOUTHEAST DODGE TRUCK DEALERS ADVERTISING ASSOCIATION

Principal Place of Business Mailing Address
8000 S ORANGE BL TRL c/o BEHAR, REID, GREEN CPAs
ORLANDO, FL 32809 FOUR BRADLEY PARK COURT
COLUMBUS, GA 31904

2. Principal Place of Business

21 FLORIDA

2a. Mailing Address

28

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

25 USA

Zip

Country

30 USA

3. Date Incorporated or Qualified

09/26/97

3a. Date of Last Report

INITIAL

4. FEI Number

59-3473409

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RALPH SMITH
c/o CHRYSLER ZONE OFFICE
8000 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32809

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CHAIRMAN ☐ DELETE
NAME MICHAEL COUGLIN
STREET ADDRESS 1000 CHRYSLER DRIVE
CITY - ST - ZIP AUBURN HILLS, MI 483261.1 TITLE DIRECTOR ☐ Change ☒ Addition
1.2 NAME BOB MAYBERRY
1.3 STREET ADDRESS 3220 HWY 74 WEST
1.4 CITY - ST - ZIP MONROE, NC 28110TITLE PRESIDENT ☐ DELETE
NAME BOB WILSON
STREET ADDRESS 11945 N. FLORIDA AVE.
CITY - ST - ZIP TAMPA, FL 336122.1 TITLE DIRECTOR ☐ Change ☒ Addition
2.2 NAME JEFF EGOLF
2.3 STREET ADDRESS 401 DUNCAN HILL ROAD
2.4 CITY - ST - ZIP HENDERSONVILLE, NC 28739TITLE TREASURER ☐ DELETE
NAME RALPH SMITH
STREET ADDRESS 8000 S. ORANGE BLOSSOM TR
CITY - ST - ZIP ORLANDO, FL 328093.1 TITLE DIRECTOR ☐ Change ☒ Addition
3.2 NAME KEVIN AICHER
3.3 STREET ADDRESS 5455 S. UNIVERSITY DRIVE
3.4 CITY - ST - ZIP DAVIE, FL 33328TITLE DIRECTOR ☐ DELETE
NAME WALLACE ALLEY
STREET ADDRESS 3501 E. STONE DRIVE
CITY - ST - ZIP KINGSFORD, TN 376624.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE DIRECTOR ☐ DELETE
NAME FRED BRILLANTI
STREET ADDRESS 6446 TARA BLVD.
CITY - ST - ZIP JONESBORO, GA 302365.1 TITLE 1000024645 ☐ Addition
5.2 NAME -03/23/98--01013--006
5.3 STREET ADDRESS ***\$1.25
5.4 CITY - ST - ZIPTITLE DIRECTOR ☐ DELETE
NAME STAN MCCULLOCH
STREET ADDRESS 3831 HWY 31
CITY - ST - ZIP DECATUR, AL 356026.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE: E. M. J. J.

CHAIRMAN

(248) 512-2956

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #