

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

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**DOCUMENT # N97000005473**

1. Corporation Name

**SOUTHEAST DODGE TRUCK DEALERS ADVERTISING ASSOCIATION, INC.**

Principal Place of Business

**80000 S. ORANGE BL. TRAIL  
ORLANDO FL 32809**

Mailing Address

**C/O BEHAR. REID. GREEN CPAS INC.  
4 BRADLEY PARK CT  
COLUMBUS GA 31904**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**09/26/1997**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**59-3473409**

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, RALPH T  
C/O CHRYSLER ZONE OFFICE  
8000 S. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32809**

81. Name

**Bob Wilson**

82. Street Address (P.O. Box Number is Not Acceptable)

**11945 N. Florida Ave.**

84. City

**Tampa**

FL

85. Zip Code

**33612**

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 **D** ☐ DELETE  
NAME **COUGHLIN, MICHAEL**  
STREET ADDRESS **1000 CHRYSLER DRIVE**  
CITY-ST-ZIP **AUBURN HILLS MI 48326**

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE **T** ☒ DELETE  
NAME **SMITH, RALPH T**  
STREET ADDRESS **8000 SOUTH ORANGE BLOSSOM TRAIL**  
CITY-ST-ZIP **ORLANDO FL 32809-7602**

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **MAYBERRY, BOB**  
STREET ADDRESS **3220 HW 74 W**  
CITY-ST-ZIP **MONROEA NC 28110**

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **EGOLF, JEFF**  
STREET ADDRESS **401 DUNCAN HILL RD**  
CITY-ST-ZIP **HENDERSONVILLE NC 28739**

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **WILSON, BOB**  
STREET ADDRESS **11945 N. FLORIDA AVE.**  
CITY-ST-ZIP **TAMPA FL 33612**

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **AICHER, KEVIN**  
STREET ADDRESS **5455 S. UNIVERSITY DRIVE**  
CITY-ST-ZIP **DAVIE FL 33328**

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I hereby 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; and that my name appears in Block 12 or Block 13 if changed, or in Block 14 if added, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)