

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra H. Mathum  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **P03809** (1)

95 JAN 20 PM 1:52

1. Corporation Name  
**ISLAND LINCOLN-MERCURY, INC.**

Principal Place of Business: **1850 E MERRITT ISL CSWY  
MERRITT ISLAND FL 32952**  
Mailing Address: **1850 E MERRITT ISL CSWY  
MERRITT ISLAND FL 32952**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/24/1984**  
3a. Date of Last Report: **01/20/1994**

2. Principal Place of Business

2a. Mailing Address

4. FBI Number: **59-2490755**  
Applied For:  Not Applicable

21. State, Apt. #, etc

26. State, Apt. #, etc

5. Certificate of Status Desired:  **\$9.75** Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees

23. Zip Country

28. Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEARDOFF, R. BRUCE  
1850 E. MERRITT ISLAND CAUSEWAY  
MERRITT ISLAND FL 32952**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

INSTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **PD**  
NAME: **DEARDOFF, R. BRUCE**  
STREET ADDRESS: **1850 E. MI CAUSEWAY**  
CITY - ST - ZIP: **MERRITT ISLAND FL**

1.1 TITLE:  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE: **V**  
NAME: **FISHER, MARIE E.**  
STREET ADDRESS: **1850 E MERRITT ISL CSWY**  
CITY - ST - ZIP: **MERRITT ISLAND FL 32952**

2.1 TITLE:  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE: **V**  
NAME: **DEARDOFF, MICHAEL G.**  
STREET ADDRESS: **455 FOOTMAN LANE**  
CITY - ST - ZIP: **MERRITT ISLAND FL**

3.1 TITLE:  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE: **ST**  
NAME: **CHENEY, RENEE E.**  
STREET ADDRESS: **165 DUNE LANE**  
CITY - ST - ZIP: **COCOA FL**

4.1 TITLE:  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE:  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed) or in an attachment with an address.

SIGNATURE:

*R. Deardoff* President

1/16/95

407-452-9220

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Telephone Number