

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
Jan 22 1996 8:00 am  
Secretary of State

**DOCUMENT # P03809 (1)**  
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**

|                                |    |                     |    |   |    |   |    |
|--------------------------------|----|---------------------|----|---|----|---|----|
| 2. Principal Place of Business |    | 2a. Mailing Address |    | 3. Date Incorporated or Qualified<br><b>10/24/1984</b>  |    | 3a. Date of Last Report<br><b>01/20/1995</b>                                    |    |
| 21                             | 22 | 23                  | 24 | 25  | 26 | 27  | 28 |
| Suite, Apt. #, etc.            |    | Suite, Apt. #, etc. |    | 4. FFI Number<br><b>59-2490755</b>  |    | Applied For<br>Not Applicable   |    |
| City & State                   |    | City & State        |    | 5. Certificate of Status Desired <input type="checkbox"/>   |    | <b>\$8.75 Additional Fee Required</b>   |    |
| Zip                            |    | Country             |    | Zip   |    | Country   |    |
| 29                             |    | 30                  |    | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |    | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |    |
| 29                             |    | 30                  |    | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |    | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |    |

|   |  |  |  |  |  |    |    |
|---|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent   |  |  |  | 10. Name and Address of New Registered Agent |  |    |    |
| <b>DEARDOFF, R. BRUCE</b><br><b>1850 E. MERRITT ISLAND CAUSEWAY</b><br><b>MERRITT ISLAND FL 32952</b> |  |  |  | 81   | Name   |    |    |
|   |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |    |    |
|   |  |  |  | 83   |  |    |    |
|   |  |  |  | 84   | City   | FL | 85 |

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 file if applicable) (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-------------------------|---|--|
| TITLE                      | PD                      | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | DEARDOFF, R. BRUCE      | 1.2 NAME  |  |
| STREET ADDRESS             | 1850 E. MI CAUSEWAY     | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MERRITT ISLAND FL       | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | V                       | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | FISHER, MARIE E.        | 2.2 NAME  |  |
| STREET ADDRESS             | 1850 E MERRITT ISL CSWY | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MERRITT ISLAND FL 32952 | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | V                       | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | DEARDOFF, MICHAEL G.    | 3.2 NAME  |  |
| STREET ADDRESS             | 455 FOOTMAN LANE        | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MERRITT ISLAND FL       | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | ST                      | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CHENEY, RENEE E.        | 4.2 NAME  |  |
| STREET ADDRESS             | 165 DUNE LANE           | 4.3 STREET ADDRESS                                    | <b>1850 E Merritt Island Cswy</b>  |
| CITY-ST-ZIP                | COCOA FL                | 4.4 CITY-ST-ZIP                                       | <b>Merritt Island, FL 32952</b>  |
| TITLE                      |                         | 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                      |                         | 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *R.B. Deardoff* **R.B. Deardoff** 1/15/96 407-452-9220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)