FILED



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT # P9800050887						
CENTRAL FLORIDA GMC TRUCK DEALERS ADVERTISING AS				SECRET.	ANY OF STATE	
	'ION, INC.	PEALENS ADVENTISING	AS	}	TALLAHA	SSEE. FLORIDA
BOOINII	ION' IMO:					å (fili i dr a (filiator) et i draft ir i i i i i i i i i i i i i i i i i i
Principal Plac	ce of Business	Mailing Address			166 68	#####
450 CHALLENG		450 CHALLENGER RD.		}		
CAPE CANAVE	IRAL-FL-32020	OAPE CANAVERAL FL 92930				
1838 N	n Itahway 520	1825 W. Highw	1AY 520	}	•	RITE IN THIS SPACE
COCOA, F	FL 32946	COCOA, FL 329	186		 Date Incorporated or Qualifed 06/04/1998 	j .
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			4. FEI Number 59-355329	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	Turk \$0.75 Additional
22		27			5. Cermeate or oratios desired	Fee Required
City & State	te	City & State		! !	6. Election Campaign Financing	. , ,
Zip	Country	28	Country	-	Trust Fund Contribution	Added to Fees
24	25 Z5	F-7 ' F	30		 This corporation owes the cur Personal Property Tax. 	rrent year Intangible [] Yes
<u>*** </u>	9. Name and Address of Currer		,01	. 1	10. Name and Address of New	and the second of the second o
A L V			8 1 Na	ame	•	
	Y, FRED		82 Str	reet Address	s (P.O. Box Number is Not Accep	lable)
	5 W. HWY. 520		11		-	
000	COA FL 32926		83			
			84 Cit	ty		85 Zip Code
44 6	1 Castino 607 05(2007 4500 512542 04444		•		FL 1
office of n	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida. Such change was auf	s, the above har thorized by the r	med corpora corporation's	ation Submils this statement for the s board of directors. I hereby acco	e purpose of changing its registered appointment as registered
agent. I a	am familiar with, and accept the obliga	itions of, Section 607.0505, Florid	da Statutes.			
SIGNATURE	Signature, typed or printed name of registered ager	ent and title if applicable (NOTE F	Registered Ager Usigna	afore required wh	tar remylating	4fag
12.		ND DIRECTORS	13.			FFICERS AND DIRECTORS IN 12
TITLE	D	[.] DELETE	1 1 TITLE	PRe		[Change
NAME	PHILLIPS, LARRY		1.2 NAME	FRE	S W. HWY 520	
STREET ADDRESS			1.3 STREET ADDR	RESS BA	S M.HWT SAL	
CITY-ST-ZIP	LEESBURG FL 34749	Clocusto	14 CHY-ST-ZIP	Co	COA, FL 32986	i eseculi i i essual i
TITLE	OTADISMO ALAM	[] DELETE	2.1 TITLE	Ì	600002	[Change [Addition
NAME ATREET ADDRESS	STARLING, ALAN 2499 N. OROANGE BLOSSOM	i Th	2.2 NAME		-03/09	2799736 4 9/9901076006
STREET ADDRESS	KISSIMME FL 34744	I IH.	23 STREET ADDR	ſ	州米米米 丁	158.75 ****158.75
CITY-ST-ZIP	D NISSIMME FL 34744	[] DELETE	2 4 CITY-ST-ZIP			[] Change [] Addition
NAME	STEPHENS, WALTER W		3 2 NAME			f Louisian Clausian
STREET ADDRESS			3 3 STREET ADDR	RESS		
CITY-ST-ZIP	ORLANDO FL 32808		34 CITY-ST-ZIP			
TITLE	D	[] DELETE	41 TOLE		•	[] Change [] Addition
NAME	LEN, DANNY		4 2 NAME			
STREET ADDRESS	1		4.3 STREET ADDR	RESS		
CITY-ST-ZIP	MT. DORA FL 32757		4.4 CITY - \$1 - ZIP			
TITLE	D	[. J DELETE	5 1 TITLE			[] Change [] Addition
NAME	HACKETT, O. KIM		52 NAME			
STREET ADDRESS	,		53STREET ADDR	₹ SS		
C/TY-ST-ZIP	LONGWOOD FL 32750	[] DELETE	54 CITY-ST-ZIP			C LCharge Addition
TITLE NAME	D Kaiser, Frederick	C LOCCUE	6 2 NAME	1		[] Change Addition
STREET ADDRESS	1		63 STREET ADDR	RESS -	Ê	$\Delta C_{p,r} = \Delta C_$
Oller Land	I TO DON EVIL				7	'77 IUX1 + 1

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 607. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attainment with an address, with all other like empowered.

64 CITY-ST-ZIP

DELAND FL 32723

CITY-ST-ZIP

2-10-99

1-407-633-9300