FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # **V05573**

(3)

STADIUM LINCOLN MERCURY.	INC.	
Principal Piace of Business	Mailing Address	

FILED Mar 10 1997 8:00am Secretary of State



Filholpal Claus of Dusiness Maining Address		Hitming Hodress			·			
5804 N. DALE N Tampa Fl 3361	MABRY HIGHWAY 4	5804 N. DALE MABRY HI TAMPA FL 33614-5606	GHWAY					
				3. Date Incorporated or Qualified 01/09/1992		03/19/1996		
2. Principal Pa	ace of Business	2a. Mailing Address			4. FEI Number	,,,	Applied For	
1		26			59-3101992		Not Applicable	
Suite, Apt 4	# , e tc.	Suite, Apt #, etc.			5. Certificate of Status Desired	15.8	5 Additional Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Ζφ 4	Country 25	Zip 29	Coun	try	8. This corporation has liability for intangible tax under s. 199.032, Fiorida Statutes			
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	stered Agent	· · · · · · · · · · · · · · · · · · ·	
PARH	ks, ronald r		16	Name				
	N. DALE MABRY Pa Fl 33614		6	Street Add	dress (P.O. Box Number is Not Acceptab	e)		
17 4711			8	13			······································	
				34 City			Zip Code	
I1. Pursuant t office or re agent I ar	to the provisions of Sections 607.050 egistered agent, or both, in the Stato m familiar with, and accept the oblig	l2 and 607.1508, Florida Statt of Florida. Such change was alions of, Section 607.0505, F	utes, the abo authorized forida Statu	ove-named cor by the corpora tes.	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing the appointment	ng its registered t as registered	
GNATURE ,	Signature, typical or project pamie of registered age	our and this if apply other	TF: Burietzeed	Agod pigos: wa mou	uired when reinstating)	DATE		
2.		D DIRECTORS	13.	Agent eighterone redr	ADDITIONS/CHANGES TO OFFIC		TORS IN 12	
ITLE T	PD	DELETE	1.1 TITL	<u> </u>	1.051110110/01111010110	☐ Char		
NAME	PARKS, JACK W.		1.2 NAM					
STREET AUDRESS	5804 N DALE MABRY HWY			EET ADDRESS				
Sty-SI-ZIP	TAMA FL			-ST-ZIP				
HLF	VO	DELETE	2 1 TITL			Char	ige Addition	
NAME	PARKS, RONALD R.		2.2 NAN	IE				
STREET ADDRESS	5804 N DALE MABRY HWY		2.3 STR	EET ADDRESS				
CITY - S1 - ZIP	TAMA FL			Y-ST-ZIP				
me	ST	DELETE	3.1 TITL			Char	ige Addition	
NAME:	PARKS, RONALD R.		3.2 NAN	4E				
STREET ADDRESS	5804 N DALE MABRY HWY		3.3 STR	EET ADDRESS				
Ditty - SN- ZIP	TAMA FL		3.4. CIT	Y-ST-ZIP				
NTLF	VD	DELETE	4.1 TITE	E		Char	ige Addition	
NAME	COUEY, STEVEN W.		4. 2 NAI	ME				
STREET ADDRESS	5804 N DALE MABRY HWY		4.3 STR	EE1 ADDRESS				
CITY - ST - ZOF	TAMA FL		4.4 CITY	'-ST-ZIP				
IIILE		DELETE	5.1 Titl	E		☐ Char	nge 🔲 Addition	
NAME			5 2 NAN	1E				
STREET ADDRESS			53 STR	EET ADDRESS				
CITY+S1+ZFI			5.4 CiT	r-ST-ZIP				
HILE		DELETE	6 1 TITL	E		☐ Chai	ige 🔲 Addition	
NAME			6.2 NAN	tE				
STREET ADORESS			6.3 STR	EET ADDRESS				
City - St - ZIP	4			(-ST-ZIP				
	ny certify that the information supplie	d with this filing does not qua supplemental annual report is						

I do nevery certify that the information supplied with mis hind closes not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this anytor report or supplemental drivial report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an efficer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changes or of an abaciment with an address.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/2/97

813-866-9222