


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90078 047 ****61.25

DOCUMENT # N01000005409	
1. Entity Name INTERNATIONAL HARVESTER COLLECTORS CLUB, INC.	

Principal Place of Business % CANDY MATTINGLY P.O. BOX 21 SCOTTSMOOR FL 32775-0021	Mailing Address % CANDY MATTINGLY P.O. BOX 21 SCOTTSMOOR FL 32775-0021
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3664198	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
MATTINGLY, CANDY 5907 US HWY 1 SCOTTSMOOR FL 32775-0021	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	HICKS, JIM
STREET ADDRESS	1200 LUCERNE LOOP RD NE
CITY-ST-ZIP	WINTER HAVEN FL 33881-9330
<input type="checkbox"/> Delete	
TITLE	NAME
DV	ZOBEL, JANET H
STREET ADDRESS	17764 NW 240TH ST
CITY-ST-ZIP	OKEECHOBEE FL 34972
<input type="checkbox"/> Delete	
TITLE	NAME
DS	ZOBEL, JANET H
STREET ADDRESS	17764 NW 240TH ST
CITY-ST-ZIP	OKEECHOBEE FL 34972
<input type="checkbox"/> Delete	
TITLE	NAME
DT	MATTINGLY, CANDY
STREET ADDRESS	P.O. BOX 21
CITY-ST-ZIP	SCOTTSMOOR FL 32775-0021
<input type="checkbox"/> Delete	
TITLE	NAME
D	BUTTERFIELD, JOHN
STREET ADDRESS	501 PEACOCK RD
CITY-ST-ZIP	HOLLY HILL FL 32117
<input type="checkbox"/> Delete	
TITLE	NAME
D	ROOT, ANDY
STREET ADDRESS	P.O. BOX 21
CITY-ST-ZIP	SCOTTSMOOR FL 32775-0021
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Candy Mattingly **REQUIRED** Candy mattingly 1-4-03 (321) 385-9953

CR2E037 (10/02)