

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90112 046 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N05589**

1. Corporation Name

**FLORIDA FLYWHEELERS ANTIQUE ENGINE CLUB, INC.**

Principal Place of Business  
**7000 AVON PK CUTOFF RD**  
**FT MYERS FL 33853**  
**US**

Mailing Address  
**2733 RAMSEY DRIVE**  
**APOPKA FL 32703**  
**US**

147308 90112 46



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/10/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0010838	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**RUSSELL, PATSY**  
**2733 RAMSEY DR.**  
**APOPKA FL 32703**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, RICHARD	1.2 NAME	
STREET ADDRESS	6401 METZ RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARKINS, EUGENE	2.2 NAME	
STREET ADDRESS	1581 GRANDVIEW BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWBOLD, CLEM	3.2 NAME	<b>DOUG BROWN</b>
STREET ADDRESS	P.O. BOX 832, #39 MTN KK	3.3 STREET ADDRESS	<b>280 S. SIMPSON ST</b>
CITY-ST-ZIP	LAKE WALES FL 33859	3.4 CITY-ST-ZIP	<b>MT. DORA, FL 32757</b>
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, PATSY	4.2 NAME	
STREET ADDRESS	2733 RAMSEY DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALDSON, LEWIS	5.2 NAME	
STREET ADDRESS	35445 CLINTON AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALMER, HAROLD	6.2 NAME	
STREET ADDRESS	1917 UPPER COVE TERR	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	

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

SIGNATURE:

*Patsy Russell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Patsy Russell, Secretary*  
 DATE

1-18-99

407-889-0310  
 Daytime Phone #

CR2E037 (1/198)