

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS****APPROVED
AND
FILED****95 MAR -8 PM 3:06****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # N32899 (9)**
1. Corporation Name
GHOST RODDER'S OF THE PAST CAR CLUB, INC.Principal Place of Business
**5902 15TH AVE S.
GULFPORT FL 33707**
Mailing Address
**5902 15TH AVE S.
GULFPORT FL 33707**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/19/1989
3a. Date of Last Report
03/08/19944. FEI Number
59-2961400
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐ **\$68.75 Supplemental
Fee Not Required**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
2a. Mailing Address
25 Suite, Apt. #, etc.
26 City & State
27 Zip
28 Country
29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, JOHN V.
5902 15TH AVE S.
GULFPORT FL 33707**81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 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	1.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, JOHN V.	1.2 NAME	
STREET ADDRESS	5902 15 AVE S.	1.3 STREET ADDRESS	
CITY- ST- ZIP	GULFPORT FL	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HOLDER, REGGIE	2.2 NAME	
STREET ADDRESS	8505 OVERLOOK PLACE NE	2.3 STREET ADDRESS	
CITY- ST- ZIP	ST. PETERSBURG FL	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HOLDER, GENE E.	3.2 NAME	
STREET ADDRESS	6057 BURLINGTON AVE	3.3 STREET ADDRESS	
CITY- ST- ZIP	ST. PETERSBURG FL	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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)(4), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-95 347-1947
Date
Layoffs Phone #