

4-6-98 B-4230 c-
FILE NOW: FILING FEE IS \$61.25

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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42911 (0)
 1. Corporation Name
GOLDEN TRIANGLE CLASSIC CHEVY CLUB INC.



Principal Place of Business 3618 ENTERPRISE RD., E. SAFETY HARBOR FL 34695 US	Mailing Address 3618 ENTERPRISE RD., E. SAFETY HARBOR FL 34695 US
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3. Date Incorporated or Qualified 04/08/1991	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
4. FEI Number 59-3028842	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. 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
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5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**GETZ, TERRY E.
 3618 ENTERPRISE RD., E.
 SAFETY HARBOR FL 34695**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL **85** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME GETZ, TERRY E.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3618 ENTERPRISE RD., E.	CITY-ST-ZIP SAFETY HARBOR FL	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE D	NAME CATES, BILL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 835 MORNING STAR DR	CITY-ST-ZIP LAKELAND FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE D	NAME WILSON, JERRY	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4735 DAWN MEADOW CT N	CITY-ST-ZIP PLANT CITY FL	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE P	NAME PUSL, RICHARD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2814 KIMBERLY LN	CITY-ST-ZIP TAMPA FL	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE VP	NAME KIMMEL, CLARE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3466 34TH AVE N	CITY-ST-ZIP ST PETE FL	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE T	NAME GUEGAN, GARY	6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1506 COASTAL PL	CITY-ST-ZIP DUNEDIN FL	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gary Guegan	
2.3 STREET ADDRESS	1506 Coastal PL	
2.4 CITY-ST-ZIP	Dunedin, FL 34698	
3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kathy Reimann	
3.3 STREET ADDRESS	6000 N. Blossom	
3.4 CITY-ST-ZIP	TAMPA, FL 33614	
4.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Terry Getz	
4.3 STREET ADDRESS	36180 Enterprise Rd	
4.4 CITY-ST-ZIP	SAFETY HARBOR FL 34695	
5.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Clare Kimmell	
5.3 STREET ADDRESS	3466 34th AVE N	
5.4 CITY-ST-ZIP	St Petersburg FL 33713	
6.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Scott Stees	
6.3 STREET ADDRESS	13542 99th Ave N	
6.4 CITY-ST-ZIP	Seminole, FL 33776	

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.

SIGNATURE: *Terry Getz* **TERRY GETZ** 3-14-98 813 791-8004

CR2E037 (10/97)