

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90049 048 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N42911**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/08/1991

4. FEI Number

59-3028842

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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 **Terry E. Getz**

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

(NOTE: Registered Agent signature required when reinstating)

**4-30-99**

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS GETZ, TERRY E.  
CITY-ST-ZIP 3618 ENTERPRISE RD., E.  
SAFETY HARBOR FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS GUEGAN, GARY  
CITY-ST-ZIP 1506 COASTAL PL  
DUNEDIN FL 34698

TITLE ☒ DELETE  
NAME D  
STREET ADDRESS REIMANN, KATHY  
CITY-ST-ZIP 6002 N BLOSSOM  
TAMPA FL 33614

TITLE ☒ DELETE  
NAME VP  
STREET ADDRESS GETZ, TERRY  
CITY-ST-ZIP 3618 ENTERPRISE RD  
SAFETY HARBOR FL 34695

TITLE ☐ DELETE  
NAME P  
STREET ADDRESS KIMMEL, CLARE  
CITY-ST-ZIP 3466 34TH AVE N  
ST PETE FL 33713

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS STEES, SCOTT  
CITY-ST-ZIP 13542 99TH AVE N  
SEMINOLE FL 33776

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME D  
3.3 STREET ADDRESS Ray Robertson  
3.4 CITY-ST-ZIP 1482 Woodstream Dr  
Oldsmar, FL 34677

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME VP  
4.3 STREET ADDRESS DENNIS Doolan  
4.4 CITY-ST-ZIP 3135 Oaktree Place  
VAL RICO, FL 33594

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

**Scott Stees**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-1-99**

Date

**(727) 464-3528**

Daytime Phone #

0072682

CR2E037 (11/98)