FILE NOW; FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995 5-1-95 B-60853 MC

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47910 (7)

1. Corporation Name

SUN 'N FUN VETTES, INC.

Principal Place of Business	Mailing Address
218 S GUNLOCK AVE TAMPA FL 33609	218 S GUNLOCK AVE TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/13/1992
3a. Date of Last Report: 04/07/1994
4. FEI Number: 59-3112050 ☐ 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
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 ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

STEGALL, TONY
218 S GUNLOCK AVE
TAMPA FL 33609

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 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: Anthony P. Stegall ANTHONY P. STEGALL 4-17-95
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	DP	11 TITLE	DP	☒ Change ☐ Addition
NAME	STEGALL, TONY	12 NAME	NOLAN, JOHN	
STREET ADDRESS	218 S GUNLOCK AVE	13 STREET ADDRESS	8520 WOODALL CT.	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	TAMPA, FL 33615	
TITLE	DT	21 TITLE	DT	☒ Change ☐ Addition
NAME	PERKINS, TOM	22 NAME	GLUCK, DAVID	
STREET ADDRESS	4113 HOLLOWTRAIL DR	23 STREET ADDRESS	1920 Thistle Ct.	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	Wesley Chapel FL 33543	
TITLE	DS	31 TITLE	DS	☒ Change ☐ Addition
NAME	LEWIS, REX	32 NAME	BOYD, DAVID	
STREET ADDRESS	4509 STONEHENGE	33 STREET ADDRESS	4520 BRUTON RD.	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	PLANT CITY, FL 33565	
TITLE	DV	41 TITLE	DV	☒ Change ☐ Addition
NAME	KLINE, STEVE	42 NAME	THOMPSON, TOM	
STREET ADDRESS	17319 SIMMONS ROAD	43 STREET ADDRESS	2511 LINDON TREE DRIVE	
CITY-ST-ZIP	LUTZ FL	44 CITY-ST-ZIP	SEFFNER, FL 33584	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(k), 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: David Gluck DAVID GLUCK 4-17-95 (813) 973-0495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0003912