SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
96 SEP 20 PM 4:04
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

2. Principal Place of Business 21	2a. Mailing Address 26 PO Box 272311
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Tampa Fla
Zip / Country 24 / 25	Zip / Country 29 33688 / 30 USA

3. Date Incorporated or Qualified 03/13/1992	3a. Date of Last Report 05/01/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

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: Elaine Thyner
82 Street Address (P.O. Box Number Is Not Acceptable): 2601 Tulip Tree Cr.
83
84 City: Tampa Fla
FL 85 Zip Code: 33584

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: Elaine Thyner Treasurer 8-19-96
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	☒ DELETE	1.1 TITLE	DP, Cay Kline	☒ Change ☐ Addition
NAME	NOLAN, JOHN		1.2 NAME		
STREET ADDRESS	8520 WOODALL CT.		1.3 STREET ADDRESS	17319 Simmons Rd	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Lutz, Fla 33549	
TITLE	DT	☒ DELETE	2.1 TITLE	DT,	☒ Change ☐ Addition
NAME	GLUCK, DAVID		2.2 NAME	Elaine Thyner	
STREET ADDRESS	1920 THISTLE CT.		2.3 STREET ADDRESS	2601 Tulip Tree Cr	
CITY-ST-ZIP	WESLEY CHAPEL FL		2.4 CITY-ST-ZIP	Seffner Fla 33584	
TITLE	DS	☒ DELETE	3.1 TITLE	DS, Laurie Woodward	☒ Change ☐ Addition
NAME	BOYD, DAVID		3.2 NAME		
STREET ADDRESS	4520 BRUTON RD.		3.3 STREET ADDRESS	31531 Saddle Lane	
CITY-ST-ZIP	PLANT CITY FL		3.4 CITY-ST-ZIP	Zeph, Fla 33543	
TITLE	DV	☒ DELETE	4.1 TITLE	DV, mike Edwards	☒ Change ☐ Addition
NAME	THOMPSON, TOM		4.2 NAME		
STREET ADDRESS	2511 LINDON TREE DRIVE		4.3 STREET ADDRESS	3917 Euclid Ave	
CITY-ST-ZIP	SEFFNER FL		4.4 CITY-ST-ZIP	Tampa Fla 33629	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	900001968299	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	-10/08/96--01155--004	
TITLE		☐ DELETE	6.1 TITLE	*****61.25 *****61.25	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	DB 10-3-96	

CR2E037 (3/96)

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: Elaine Thyner SIGNATURE REQUIRED Elaine Thyner 7-10-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

813-653-0212
Daytime Phone #