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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N47910

1. Corporation Name
SUN 'N FUN VETTES, INC.

Principal Place of Business	Mailing Address
17319 SIMMONS RD LUTZ FL 33549 US	P O BOX 272311 TAMPA FL 33688 US

2. Principal Place of Business 21 16827 Blenhelm Drive	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/13/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3112050 ☐ Applied For ☐ Not Applicable
City & State 23 Lutz, FL	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33549 25 US	Zip / Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LEWIS, REX
3440 BALLEY RANCH DR
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name: Tim Woods
82 Street Address (P.O. Box Number is Not Acceptable): 3637 Berger Road
83
84 City: Lutz FL 85 Zip Code: 33549

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: Tim Woods — Tim Woods, Director Treasurer — 2/17/99
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	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	KLINE, STEVE		1.2 NAME	Perkins, Tom	
STREET ADDRESS	17319 SIMMONS RD		1.3 STREET ADDRESS	16827 Blenhelm Dr.	
CITY-ST-ZIP	LUTZ FL		1.4 CITY-ST-ZIP	Lutz, FL	
TITLE	DT	☒ DELETE	2.1 TITLE	DT	☒ Change ☐ Addition
NAME	LEWIS, REX		2.2 NAME	Woods, Tim	
STREET ADDRESS	3440 VALLEY RANCH DR		2.3 STREET ADDRESS	3637 Berger Rd	
CITY-ST-ZIP	LUTZ FL		2.4 CITY-ST-ZIP	Lutz, FL	
TITLE	DS	☒ DELETE	3.1 TITLE	DS	☒ Change ☐ Addition
NAME	SILK, BRUCE		3.2 NAME	McGlinchy, John	
STREET ADDRESS	2601 CONIFER DR		3.3 STREET ADDRESS	507 Terrace Hill Dr.	
CITY-ST-ZIP	TEMPLE TERR FL		3.4 CITY-ST-ZIP	Temple Terrace, FL	
TITLE	DV	☒ DELETE	4.1 TITLE	DV	☒ Change ☐ Addition
NAME	CVETAN, DAVID		4.2 NAME	Stegall, Tony	
STREET ADDRESS	4128 TYNDALE DR		4.3 STREET ADDRESS	P.O. Box 18944	
CITY-ST-ZIP	BRANDON FL 33511		4.4 CITY-ST-ZIP	Tampa, FL	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Tim Woods — SIGNATURE REQUIRED — Tim Woods, Director Treasurer — 2/17/99 — 886-5046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #