

NONPROFIT

NONPROFIT CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 01, 1999 8:00 am
Secretary of State
06-01-1999 90049 046 ***150.00

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1. Corporation Name
SOUTHEAST AREA MOTOR COACH
ASSOCIATION, INC.

Principal Place of Business Mailing Address
16371 RUNWAY DR. P.O. BOX 15304
BROOKSVILLE, FL 34609 BROOKSVILLE, FL 34609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
DEC. 16, 1992
4. FEI Number
59-3155764
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution - Added to Fees
8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 16371 RUNWAY DR. 26 P.O. BOX 15304
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 BROOKSVILLE, FL - 28 BROOKSVILLE
Zip Country Zip Country
24 34609 25 HERNANDO 29 34609 30 HERNANDO

9. Name and Address of Current Registered Agent
PAT MALLOY
5013 MT. OLIVE SHORES CT.
POLK CITY, FL 33868

10. Name and Address of New Registered Agent
81 Name PAT MALLOY
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City POLK CITY FL 85 Zip Code 33868

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PAT MALLOY ☐ DELETE
NAME PRESIDENT
STREET ADDRESS 5013 MT OLIVE SHORES CT.
CITY-ST-ZIP POLK CITY, FL 33868
TITLE SENIOR VICE PRESIDENT ☐ DELETE
NAME PAUL HORNING
STREET ADDRESS 8785 COUNTY RD 476W
CITY-ST-ZIP BUSHNELL, FL 33513
TITLE NORTH REGIONAL V.P. ☐ DELETE
NAME CLAY DOTY
STREET ADDRESS 4849 OXFORD ROAD
CITY-ST-ZIP MACON, GA 31210
TITLE WEST REGIONAL V.P. ☐ DELETE
NAME MYRTLE FLORENCE
STREET ADDRESS 2419 OAKBERRY ROAD
CITY-ST-ZIP OPELIKA, AL 36803
TITLE N. FLA REGIONAL VP. ☐ DELETE
NAME BARBARA RIDENER
STREET ADDRESS 5023 NORTHSHORE DR.
CITY-ST-ZIP POLK CITY, FL 33868
TITLE S. FLA REGIONAL V.P. ☐ DELETE
NAME JERRY RICEY
STREET ADDRESS 2112 N.E. 17TH AVE
CITY-ST-ZIP FT LAUDERDALE, FL 33305-2408

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE TREASURER ☐ Change ☐ Addition
1.2 NAME DONALD STEDMAN
1.3 STREET ADDRESS 195 WILINDA COURT
1.4 CITY-ST-ZIP MELBOURNE, FL 32934-8025
2.1 TITLE BEVERLY PESTA ☐ Change ☐ Addition
2.2 NAME SECRETARY
2.3 STREET ADDRESS 403 TIGER LAKE ROAD
2.4 CITY-ST-ZIP LAKE WALES, FL 33853-9470
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
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 607, 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: Pat Malloy PAT MALLOY 5/30/99 352-796-0154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)