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95 MAY -1 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995 5.1.95 B 6918 KE

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

DOCUMENT # N94000001757 (3)

1. Corporation Name

SPRING HILL MUSCLE CAR CLUB OF FLORIDA, INC.

Principal Place of Business	Mailing Address
4275 PARADISEK CIRCLE SPRING HILL FL 34607	4275 PARADISEK CIRCLE SPRING HILL FL 34607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1994
3a. Date of Last Report:
4. FEI Number: 59-3277572 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 4287 Bellaire Dr.	26 4287 Bellaire Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Spring Hill, FL	28 Spring Hill, FL
24 Zip 34607 25 Country USA	29 Zip 34607 30 Country USA

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NICOLAI, JOE ~~4275 PARADISEK CIRCLE~~ 4287 Bellaire Dr. SPRING HILL FL 34607	81 Name: Nicolai Joe 82 Street Address (P.O. Box Number is Not Acceptable) 83 4287 Bellaire Dr. 84 City: Spring Hill FL 85 Zip Code: 34607

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: Joe Nicolai — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE: 4/21/95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1.1 TITLE "D" President 1.2 NAME Frank Paterniti 1.3 STREET ADDRESS 3401 Culbreath Rd. 1.4 CITY-ST-ZIP Brooksville, FL 34601 — ☑ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2.1 TITLE "D" V-Pres. 2.2 NAME Bob Parenteau 2.3 STREET ADDRESS 16187 Pointview Dr 2.4 CITY-ST-ZIP Brooksville, FL 34609 — ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3.1 TITLE "D" 2nd V-Pres. 3.2 NAME Steve Knowlton 3.3 STREET ADDRESS 4281 Biscayne Dr 3.4 CITY-ST-ZIP Spring Hill, FL 34607 — ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4.1 TITLE "D" Treas. 4.2 NAME Joe Nicolai 4.3 STREET ADDRESS 4287 Bellaire Dr. 4.4 CITY-ST-ZIP Spring Hill, FL 34607 — ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5.1 TITLE "D" Sec. 5.2 NAME Garry Evans 5.3 STREET ADDRESS 5200 Griffin Rd. 5.4 CITY-ST-ZIP Brooksville, FL 34601 — ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP — ☐ Change ☐ Addition

$6/29

REMITTED BY MAY 1

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)(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.

SIGNATURE: Joe Nicolai — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/21/95 — Daytime Phone #: 904-596-2306

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