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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

4287 BELLEAIRE DR
SPRING HILL FL 34607
US

4287 BELLEAIRE DR
SPRING HILL FL 34607-3202
US

3. Date Incorporated or Qualified
04/07/1994

3a. Date of Last Report
03/20/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-3277572

Applied For
Not Applicable

6. 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

10. Name and Address of New Registered Agent

NICOLAI, JOE
4287 BELLEAIRE DR
SPRING HILL FL 34607

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 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

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
NAME PATERNITI, FRANK
STREET ADDRESS 3401 CULBREATH RD
CITY-ST-ZIP BROOKVILLE FL 34601

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DVP DELETE
NAME PARENTEAU, BOB
STREET ADDRESS 16187 POINTVIEW DR
CITY-ST-ZIP BROOKVILLE FL 34609

2.1 TITLE Change Addition
2.2 NAME DVP Muldoon, Harold
2.3 STREET ADDRESS 1023 Larkin Road
2.4 CITY-ST-ZIP Spring Hill, FL 34608

TITLE DT DELETE
NAME NICOLAI, JOE
STREET ADDRESS 4287 BELLEAIRE DR
CITY-ST-ZIP SPRING HILL FL 34607

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD DELETE
NAME EVANS, GERRY.
STREET ADDRESS 5200 GRIFFIN RD
CITY-ST-ZIP BROOKVILLE FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DV DELETE
NAME KNOWLTON, STEVE
STREET ADDRESS 4281 BISCAYNE DR
CITY-ST-ZIP SPRING HILL FL 34607

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Joe Nicolai
Signature, typed or printed name of signing officer or director

5/6/97 (352) 597-7000
Date Desires Phone # 0088492

CR2E037 (9/96)