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Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26320 (4)

1. Corporation Name

VINTAGE VEHICLES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

8045 OAK ST.
SCOTTSMOOR FL 32775
USP. O. BOX 852
TITUSVILLE FL 32781-0952
US

3. Date Incorporated or Qualified

05/06/1988

3a. Date of Last Report

05/23/1996

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMART, DAVID A
6412 WINDOVER WAY
TITUSVILLE FL 32780

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 D ☒ DELETE
NAME LAFRENIERE, JERRY
STREET ADDRESS 4782 LLOYD ROAD
CITY-ST-ZIP MISM FL 327541.1 TITLE ☒ Change ☐ Addition
1.2 NAME D JAMES MONTANTE
1.3 STREET ADDRESS 6285 SLEEPY HOLLOW DR.
1.4 CITY-ST-ZIP TITUSVILLE FL. 32780TITLE D ☐ DELETE
NAME CORDOVA, NORMA
STREET ADDRESS 20507 MAXIM PKWY
CITY-ST-ZIP ORLANDO FL 328332.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE T ☐ DELETE
NAME WARD, PAM
STREET ADDRESS 7467 CAMIO AVE.
CITY-ST-ZIP COCOA FL 329273.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME LOFTIS, DON
STREET ADDRESS 3650 N US 1
CITY-ST-ZIP MEMS FL 327544.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 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:

James N. Montante
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-97

Date

(407) 268-8075

Daytime Phone # 0015138

CR2E037 (9/96)