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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N26320

1. Corporation Name

VINTAGE VEHICLES OF FLORIDA, INC.

Principal Place of Business

6412 WINDOVER WAY
TITUSVILLE FL 32780
US

Mailing Address

P. O. BOX 952
TITUSVILLE FL 32781-0952
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/06/1988

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2938208

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30
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 PD
NAME ARNOLD, ROBERT
STREET ADDRESS 4290 PONDAPPLE DR
CITY-ST-ZIP TITUSVILLE FL 32796 ☐ DELETE

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

TITLE SD
NAME MALONEY, BARBARA
STREET ADDRESS 1481 US 1 LOT 101
CITY-ST-ZIP TITUSVILLE FL 32796 ☒ DELETE

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **SYMON, MARIE**
2.3 STREET ADDRESS **6085 Whispering Lane**
2.4 CITY-ST-ZIP **Titusville FL 32780**

TITLE T
NAME WARD, PAM
STREET ADDRESS 7467 CAMO AVE.
CITY-ST-ZIP COCOA FL 32927 ☒ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **T Smart, Renee N.**
3.3 STREET ADDRESS **6412 Windover Way**
3.4 CITY-ST-ZIP **Titusville, FL 32780**

TITLE D
NAME LOFTIS, DON
STREET ADDRESS 3650 N US 1
CITY-ST-ZIP MIMS FL 32754 ☒ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **VP Gutierrez, Al**
4.3 STREET ADDRESS **4251 Groverwood**
4.4 CITY-ST-ZIP **Titusville FL 32780**

TITLE D
NAME JOHNSON, BEN
STREET ADDRESS 2440 BAR C RD
CITY-ST-ZIP MIMS FL 32754 ☒ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **D Couley, Charles**
5.3 STREET ADDRESS **4349 Caper Court**
5.4 CITY-ST-ZIP **Titusville FL 32796**

TITLE D
NAME SYMON, MIKE
STREET ADDRESS 5990 ACME
CITY-ST-ZIP COCOA FL 32927 ☐ DELETE

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/1999

407-268-496

CR2E037 (11/98)