FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 23 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754146 (9)

1. Corporation Name

THE PENSACOLA SUNRUNNERS MOTORCYCLE CLUB INCORPORATED

Principal Place of Business	Mailing Address
PO BOX 2925 PENSACOLA FL 32513	PO BOX 2925 PENSACOLA FL 32513

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/12/1980**
3a. Date of Last Report: **03/17/1994**
4. FEI Number: **59-2060273** ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SILVEY, ROBERT G.
1140 NORTHBROOK DR.
PENSACOLA FL 32504

10. Name and Address of New Registered Agent

81 Name: JONES, FRED
82 Street Address (P.O. Box Number is Not Acceptable): 1117 HUNTSMAN CR.
83
84 City: PENSACOLA FL 85 Zip Code: 32514

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: Fred Jones FRED JONES — Fred Jones — 2/6/95
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	11 TITLE	PD	☑ Change ☐ Addition
NAME	SILVEY, ROBERT	12 NAME	JONES, FRED	
STREET ADDRESS	1140 NORTHBROOK DR.	13 STREET ADDRESS	1117 HUNTSMAN CR.	
CITY-ST-ZIP	PENSACOLA FL	14 CITY-ST-ZIP	PENSACOLA FL. 32514	
TITLE	VSD	21 TITLE	VSD	☑ Change ☐ Addition
NAME	SILVEY, BETTY	22 NAME	BLAKE, DON	
STREET ADDRESS	1140 NORTHBROOK DR.	23 STREET ADDRESS	4863 CHARLOIS RD.	
CITY-ST-ZIP	PENSACOLA FL	24 CITY-ST-ZIP	MILTON, FL. 32583	
TITLE	TD	31 TITLE	TD	☑ Change ☐ Addition
NAME	HAWKINS, DENZIL	32 NAME	HAWKINS, NANCY	
STREET ADDRESS	1524 VALENCIA DR.	33 STREET ADDRESS	1524 VALENCIA DRIVE	
CITY-ST-ZIP	LILLIAN AL	34 CITY-ST-ZIP	LILLIAN, AL. 36549	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME	200001415212	
STREET ADDRESS		43 STREET ADDRESS	-02/24/95--01105--010	
CITY-ST-ZIP		44 CITY-ST-ZIP	*****61.25 *****61.25	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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: Fred Jones FRED JONES — 2/6/95 — 904-477-9581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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