

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90151 032 \*\*\*\*61.25

DOCUMENT # 759971

1. Corporation Name

CLASSIC MUSTANGS OF TAMPA, INC.

Principal Place of Business

P.O. BOX 290493  
TAMPA FL 33687-0493

Mailing Address

P.O. BOX 290493  
TAMPA FL 33687-0493



\* 8 7 2 7 4 . 9 0 1 5 1 . 3 2 4 \*



|                                                       |  |                     |  |                                                                                          |  |
|-------------------------------------------------------|--|---------------------|--|------------------------------------------------------------------------------------------|--|
| Principal Place of Business                           |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified                                                        |  |
| Suite, Apt. #, etc.                                   |  | Suite, Apt. #, etc. |  | 09/11/1981                                                                               |  |
| City & State                                          |  | City & State        |  | 4. FEI Number                                                                            |  |
| Zip                                                   |  | Zip                 |  | 26-4658037                                                                               |  |
| Country                                               |  | Country             |  | Applied For                                                                              |  |
| 25                                                    |  | 29                  |  | Not Applicable                                                                           |  |
| 9. Name and Address of Current Registered Agent       |  |                     |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| BOWERS, KATHY                                         |  |                     |  | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees      |  |
| 5707 N. PLESS RD.                                     |  |                     |  | Trust Fund Contribution <input type="checkbox"/>                                         |  |
| PLANT CITY FL 33565                                   |  |                     |  |                                                                                          |  |
| 10. Name and Address of New Registered Agent          |  |                     |  |                                                                                          |  |
| 81 Name                                               |  |                     |  |                                                                                          |  |
| 82 Street Address (P.O. Box Number is Not Acceptable) |  |                     |  |                                                                                          |  |
| 83                                                    |  |                     |  |                                                                                          |  |
| 84 City                                               |  |                     |  | FL 85 Zip Code                                                                           |  |

I, 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

| OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|------------------------|-------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| 1. TITLE               | STD <input type="checkbox"/> DELETE | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME                | BOWERS, KATHY                       | 1.2 NAME                                              |                                                                   |
| 3. STREET ADDRESS      | 5707 PLESS RD.                      | 1.3 STREET ADDRESS                                    |                                                                   |
| 4. CITY-ST-ZIP         | PLANT CITY FL                       | 1.4 CITY-ST-ZIP                                       |                                                                   |
| 5. TITLE               | PD <input type="checkbox"/> DELETE  | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME                | MEYER, CHRIS                        | 2.2 NAME                                              |                                                                   |
| 7. STREET ADDRESS      | 1460 BRENTWOOD PLACE                | 2.3 STREET ADDRESS                                    |                                                                   |
| 8. CITY-ST-ZIP         | TAMPA FL 33618                      | 2.4 CITY-ST-ZIP                                       |                                                                   |
| 9. TITLE               | VD <input type="checkbox"/> DELETE  | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME               | BARKER, HARRY                       | 3.2 NAME                                              |                                                                   |
| 11. STREET ADDRESS     | 4609 S MATANZAS                     | 3.3 STREET ADDRESS                                    |                                                                   |
| 12. CITY-ST-ZIP        | TAMPA FL                            | 3.4 CITY-ST-ZIP                                       |                                                                   |
| 13. TITLE              | D <input type="checkbox"/> DELETE   | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME               | COSSOTA, FRANK                      | 4.2 NAME                                              |                                                                   |
| 15. STREET ADDRESS     | 15603 KINGS PKWAY                   | 4.3 STREET ADDRESS                                    |                                                                   |
| 16. CITY-ST-ZIP        | TAMPA FL                            | 4.4 CITY-ST-ZIP                                       |                                                                   |
| 17. TITLE              | D <input type="checkbox"/> DELETE   | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME               | CUMMINGS, BUD                       | 5.2 NAME                                              |                                                                   |
| 19. STREET ADDRESS     | 10412 BLOOMINGDALE AVE.             | 5.3 STREET ADDRESS                                    |                                                                   |
| 20. CITY-ST-ZIP        | RIVERVIEW FL                        | 5.4 CITY-ST-ZIP                                       |                                                                   |
| 21. TITLE              | <input type="checkbox"/> DELETE     | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME               |                                     | 6.2 NAME                                              |                                                                   |
| 23. STREET ADDRESS     |                                     | 6.3 STREET ADDRESS                                    |                                                                   |
| 24. CITY-ST-ZIP        |                                     | 6.4 CITY-ST-ZIP                                       |                                                                   |

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:

*Kathy Bowers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Kathy Bowers*  
Date

*2/10/99 (813) 986-2368*  
Daytime Phone

CR2E037 (11/98)