

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2: 35

DOCUMENT # **763440** (5)
1. Corporation Name
HIGHLANDS COUNTY HORSELESS CARRIAGE ANTIQUE CAR CLUB, INC.

Principal Place of Business Mailing Address
109 ROBIN AVE. C/O DEVEDA MARTIN SEBRING FL 33872

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/25/1982** 3a. Date of Last Report **04/06/1994**

4. FEI Number **65-0060964** 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

9. Name and Address of Current Registered Agent
**ZINO, JOHN
2627 LAS VEGAS BLVD
SEBRING FL 33870**

10. Name and Address of New Registered Agent
81 Name **SAME**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KELLER, HAROLD 404 LAKE JOSEPHINE SHORE DR SEBRING FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	V.P.D ROBERT HARFORD 501 LAKE JOSEPHINE SHORE DR. SEBRING, FL 33872 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WELLS, VIRGINIA 2102 JACARANDA WAY SEBRING FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	S.D. WELLS VIRGINIA 2102 JACARANDA WAY SEBRING, FL. 33872 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MARTIN, DEVEDA 109 ROBIN AVE SEBRING FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	T.D. MARTIN, DEVEDA 109 ROBIN AVE SEBRING, FL. 33872 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CHAPPELL, ROY 3513 WHISPER DR SEBRING FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	P.D. HOLDEMAN, MERLE 4704 HIBISCUS COURT. SEBRING, FL. 33872 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZINO, JOHN 2627 LAS VEGAS BLVD SEBRING FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	D. ZINO, JOHN 2627 LAS VEGAS BLVD SEBRING, FL. 33872 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	D. ELIZABETH EMERSON PO BOX 1296 - HIBISCUS ST. SEBRING, FL. 33871 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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)(k), 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 of Block 13 if checked, or on an attachment with an address.

SIGNATURE: Deveda Martin - DEVEDA MARTIN Date: 4-7-95-813-385-8361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR