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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767712
1. Corporation Name

SUNSHINE STATE CLASSICS

Principal Place of Business

Mailing Address

Box 560 146

Box 560 146

ORLANDO, FL. 32856-6146

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

3. Date Incorporated or Qualified

3-29-83

4. FEI Number

59-344 8241

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REICHE, CARL
5301 SO. HWY. 17-92
CASSELBERRY, FL. 32707

81 Name

ELLIS, JERRY

82 Street Address (P.O. Box Number is Not Acceptable)

703 FOX VALLEY DR.

83

84 City

LONGWOOD

FL

85 Zip Code

32779

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

Jerry Ellis

TREASURER

MARCH 10, 1998

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	PALMER, THOMAS
STREET ADDRESS	309 BENTWAY LANE
CITY-ST-ZIP	LAKE MARY, FL. 32746
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	ELLIS, JERRY
STREET ADDRESS	703 FOX VALLEY DR.
CITY-ST-ZIP	LONGWOOD, FL. 32779
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	DUNKIN, LEE
STREET ADDRESS	1504 OLIVERIA AVE.
CITY-ST-ZIP	ORLANDO, FL. 32806
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	REICHE, CARL
STREET ADDRESS	5301 SO HWY 17-92
CITY-ST-ZIP	CASSELBERRY, FL. 32707
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	REICHE, CARL
1.3 STREET ADDRESS	5301 SO. HWY 17-92
1.4 CITY-ST-ZIP	CASSELBERRY, FL. 32707
2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WEBER, TIM
2.3 STREET ADDRESS	412 PARSON BROWN WAY
2.4 CITY-ST-ZIP	LONGWOOD, FL. 32750
3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ELLIS, JERRY
3.3 STREET ADDRESS	703 FOX VALLEY DR.
3.4 CITY-ST-ZIP	LONGWOOD, FL. 32779
4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ELLIS, JERRY
4.3 STREET ADDRESS	703 FOX VALLEY DR.
4.4 CITY-ST-ZIP	LONGWOOD, FL. 32779
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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.

SIGNATURE: JERRY ELLIS

3-10-98

407-869-4338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)