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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



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

03-01-1999 90251 022 \*\*\*300.00

DOCUMENT # K34862

1. Corporation Name PENINSULA MOTOR CLUB, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: ROBERT R. SHARP, 1515 N. WESTSHORE BLVD, TAMPA FL 33607
Mailing Address: % ROBERT R. SHARP, 1515 N. WESTSHORE BLVD, TAMPA FL 33607

3. Date Incorporated or Qualified: 09/28/1988

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

4. FEI Number: 59-0475480

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent: SHARP, ROBERT R., 1515 N. WESTSHORE BLVD, TAMPA FL 33607

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 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.

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: P SHARP, ROBERT R., 18710 PEPPER PIKE LANE, LUTZ FL; V O'BRIEN, THOMAS E., 13821 CYPRESS VILLAGE CR, TAMPA FL; TS TORRENCE, JOHN A., 5016 AVENUE AVIGNON, LUTZ FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP 33549; 2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP 33624; 3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP 33549; 4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP; 5.1 TITLE, 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 607, 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: John A. Torrence, Sr. VP 1/11/99 (813) 289-5902

CR2E034 (11/98)