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Jan 26, 1999 8:00am
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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N04706

1. Corporation Name

PANAMA CITY CLASSIC AND ANTIQUE MOTOR CAR ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 1962
PANAMA CITY FL 32402-1962

Mailing Address

P.O. BOX 1962
PANAMA CITY FL 32402-1962



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/15/1984

4. FEI Number

59-2672760

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

9. Name and Address of Current Registered Agent

CLEMENS, WILLIAM
4008 E 12 CT
PANAMA CITY FL 52240

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

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 WILLIAM H CLEMENS TREASURER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

William H Clemens

8 JAN 99
DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME WALLIS, TOM
STREET ADDRESS 4526 GARRISON RD
CITY-ST-ZIP PANAMA CITY FL

DELETE

TITLE VP
NAME COE, ROB
STREET ADDRESS 317 GREENWOOD DR
CITY-ST-ZIP PANAMA CITY FL

DELETE

TITLE T
NAME CLEMENS, WILLIAM
STREET ADDRESS 4008 E 12 CT
CITY-ST-ZIP PANAMA CITY FL

DELETE

TITLE S
NAME CREWS, BILL
STREET ADDRESS 4018 NAPOLI RD
CITY-ST-ZIP PANAMA CITY FL

DELETE

TITLE D
NAME SANDERS, LEONARD
STREET ADDRESS 4115 W 21 PL
CITY-ST-ZIP PANAMA CITY FL

DELETE

TITLE D
NAME MC ELVIN, RON
STREET ADDRESS 3519 W 14 ST
CITY-ST-ZIP PANAMA CITY FL

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE

Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

Change Addition

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, with all other like empowered.

SIGNATURE: WILLIAM H CLEMENS REQUIRED William H Clemens 8 JAN 99 850-763-1605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)