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

APPROVED AND FILED
95 MAY -1 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06689 (6)

1. Corporation Name
TAMPA KNIGHTS ROD AND CUSTOM CLUB, INC.

Principal Place of Business	Mailing Address
6223 PALMVIEW CT TAMPA FL 33612 US	P.O. BOX 290464 TAMPA FL 33612 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1984
3a. Date of Last Report: 03/31/1994
4. FEI Number: 59-2872115 ☐ Applied For ☐ Not Applicable

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

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

PARRISH, DENNIS
6223 PALMVIEW COURT
TAMPA FL 33625

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	PARRISH, DENNIS	12 NAME	
STREET ADDRESS	6223 PALMVIEW COURT	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	SD ☒ Change ☐ Addition
NAME	KOSSOW, EDINA	22 NAME	LINDA WHITLEY
STREET ADDRESS	1008 LENNA AVENUE	23 STREET ADDRESS	2301 WEST ROBSON
CITY-ST-ZIP	SEFFNER FL	24 CITY-ST-ZIP	TAMPA, FL 33614
TITLE	VPD	31 TITLE	VPD ☒ Change ☐ Addition
NAME	HAMPTON, JAMES	32 NAME	WENDELL GILL
STREET ADDRESS	3740 OAKWOOD DR	33 STREET ADDRESS	4014 PRIORY CIRCLE
CITY-ST-ZIP	ZEPHYRHILLS FL	34 CITY-ST-ZIP	TAMPA, FL 33624
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	WADE, MARY G.	42 NAME	
STREET ADDRESS	5436 LAKE LE CLAIRE RD.	43 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: Mary G. Wade Treasurer 4/26/95 813-251-6942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARY G. WADE, TREASURER

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