FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified: 12/17/1984

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 3110 JULIA CIRCLE, NORTH
22 Suite, Apt. #, etc.
23 City & State: TAMPA, FL
24 Zip: 33629
25 Country

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

4. FEI Number: 59-2872115 ☐ 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

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: DONALD STANLEY, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 3110 JULIA CIRCLE, NORTH
83
84 City: TAMPA FL 85 Zip Code: 33629

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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: [signature] DATE: 4-15-96
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	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	PARRISH, DENNIS		1.2 NAME	DONALD STANLEY, JR.	
STREET ADDRESS	6223 PALMVIEW COURT		1.3 STREET ADDRESS	3110 JULIA CIRCLE, NORTH	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WHITLEY, LINDA		2.2 NAME		
STREET ADDRESS	2301 WEST ROBSON		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	3.1 TITLE	VPD	☒ Change ☐ Addition
NAME	GILL, WENDELL		3.2 NAME	JAMES HAMPTON	
STREET ADDRESS	4014 PRIORY CIRCLE		3.3 STREET ADDRESS	3740 OAKWOOD DRIVE	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	ZEPHYRHILLS, FL 33543	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WADE, MARY G.		4.2 NAME		
STREET ADDRESS	5436 LAKE LE CLAIRE RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	200001788012	☒ Change ☐ Addition
NAME			5.2 NAME	-04/22/96--01017--011	
STREET ADDRESS			5.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary G. Wade MARY G. WADE 3/6/96 813-251-6942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #