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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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 33687-0464 US

3. Date Incorporated or Qualified: 12/17/1984
3a. Date of Last Report: 04/19/1996

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

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

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

STANLEY, JR., DONALD
3110 JULIA CIRCLE, NORTH
TAMPA FL 33629

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 _____ 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STANLEY, JR., DONALD		1.2 NAME		
STREET ADDRESS	3110 JULIA CIRCLE, NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33629		1.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	2.1 TITLE	SD	Change ☒ Addition
NAME	WHITLEY, LINDA		2.2 NAME	STANLEY, CHERYL	
STREET ADDRESS	2301 WEST ROBSON		2.3 STREET ADDRESS	3110 JULIA CIRCLE, NORTH	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	VPD	☒ DELETE	3.1 TITLE	VPD	Change ☒ Addition
NAME	HAMPTON, JAMES		3.2 NAME	BENNETT, SCOTT	
STREET ADDRESS	3740 OAKWOOD DRIVE		3.3 STREET ADDRESS	4949 MANOR DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33543		3.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
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		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
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 (9/96)

14. I do 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: [signature] APRIL 17, 1997 813-251-6942