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

AND FILED
95 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12863 (9)

1. Corporation Name
FLORIDA ANTIQUE POWER CLUB, INC.

Principal Place of Business
C/O HAL J CORUM
5636 101ST CIRCLE N
PINELLAS PARK FL 34666

Mailing Address
C/O HAL J CORUM
5636 101ST CIRCLE N
PINELLAS PARK FL 34666

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2637240 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 DAN SWEET	26 DAN SWEET
Suite, Apt. #, etc 22 630 KIRKWOOD TER, N.	Suite, Apt. #, etc 27 630 KIRKWOOD TER, N
City & State 23 ST. PETERSBURG, FL	City & State 28 ST. PETERSBURG, FL
Zip 24 33701 Country 25 USA	Zip 29 33701 Country 30 USA

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
LESTER FISHER
14100 MCCORMICK DR
TAMPA FL 33626

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	D	☒ Change ☐ Addition
NAME	FISHER, LESTER	1.2 NAME		
STREET ADDRESS	2403 CEDAR CT.	1.3 STREET ADDRESS		
CITY ST ZIP	NEW PT RICHEY FL	1.4 CITY ST ZIP		
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	CORUM, HAL J	2.2 NAME		
STREET ADDRESS	5636 101ST CIRCLE NORTH	2.3 STREET ADDRESS		
CITY ST ZIP	PINELLAS PARK FL 34666	2.4 CITY ST ZIP		
TITLE	T	3.1 TITLE	S/T	☒ Change ☐ Addition
NAME	BOWEN, BONNIE L	3.2 NAME		
STREET ADDRESS	6145 CEDAR STREET, NE	3.3 STREET ADDRESS		
CITY ST ZIP	ST. PETERSBURG FL 33703	3.4 CITY ST ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	BOWEN, MIKE	4.2 NAME		
STREET ADDRESS	6145 CEDAR STREET, NE	4.3 STREET ADDRESS		
CITY ST ZIP	ST. PETERSBURG FL 33703	4.4 CITY ST ZIP		
TITLE	D	5.1 TITLE	P	☒ Change ☐ Addition
NAME	SWEET, DAN	5.2 NAME		
STREET ADDRESS	630 KIRKWOOD TERRACE, NORTH	5.3 STREET ADDRESS		
CITY ST ZIP	ST. PETERSBURG FL 33701	5.4 CITY ST ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	MAYHALL, JOHN	6.2 NAME		
STREET ADDRESS	P.O. BOX 188 N/A	6.3 STREET ADDRESS		
CITY ST ZIP	RIVERVIEW FL 33569	6.4 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)(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: [signature] HAL J. CORUM V.P. 4/29/95 391-2000 EXT 2874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067781