

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N12863 (9)

1. Corporation Name

FLORIDA ANTIQUE POWER CLUB, INC.



Principal Place of Business

**DAN SWEET
630 KIRKWOOD TERRACE N
ST PETERSBURG FL 33701
US**

Mailing Address

**DAN SWEET
630 KIRKWOOD TERRACE N
ST PETERSBURG FL 33701
US**

3. Date Incorporated or Qualified
12/31/1985

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-2637240

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

**LESTER FISHER
14100 MCCORMICK DR
TAMPA FL 33626**

10. Name and Address of New Registered Agent

81 Name **Dan Sweet**
82 Street Address (P.O. Box Number is Not Acceptable)
630 Kirkwood Terr. No.
83
84 City **St. Petersburg** FL 85 Zip Code **33701**

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

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

Dan Sweet (Pres.)
(NOTE: Registered Agent signature required when reinstating)

3-18-96
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FISHER, LESTER	
STREET ADDRESS	2403 CEDAR CT.	
CITY-ST-ZIP	NEW PT RICHEY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CORUM, HAL J	
STREET ADDRESS	5636 101ST CIRCLE NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 34666	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BOWEN, BONNIE L	
STREET ADDRESS	6145 CEDAR STREET, NE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOWEN, MIKE	
STREET ADDRESS	6145 CEDAR STREET, NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SWEET, DAN	
STREET ADDRESS	630 KIRKWOOD TERRACE, NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAYHALL, JOHN	
STREET ADDRESS	P.O. BOX 188 N/A	
CITY-ST-ZIP	RIVERVIEW FL 33569	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Dan Sweet* **Dan Sweet** *3-18-96* *573-1700*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)