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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12863** (9)

1. Corporation Name

FLORIDA ANTIQUE POWER CLUB, INC.

Principal Place of Business

Mailing Address

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

**DAN SWEET
630 KIRKWOOD TERRACE N
ST PETERSBURG FL 33701-1616
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/31/1985

3a. Date of Last Report
04/05/1996

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

10. Name and Address of New Registered Agent

**SWEET, DAN
630 KIRKWOOD TERRACE NORTH
ST. PETERSBURG FL 33701**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **FISHER, LESTER**
STREET ADDRESS **2403 CEDAR CT.**
CITY-ST-ZIP **NEW PT RICHEY FL**

TITLE **V** ☐ DELETE
NAME **CORUM, HAL J**
STREET ADDRESS **5636 101ST CIRCLE NORTH**
CITY-ST-ZIP **PINELLAS PARK FL 34666**

TITLE **ST** ☐ DELETE
NAME **BOWEN, BONNIE L**
STREET ADDRESS **6145 CEDAR STREET, NE**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **D** ☐ DELETE
NAME **BOWEN, MIKE**
STREET ADDRESS **6145 CEDAR STREET, NE**
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

TITLE **P** ☐ DELETE
NAME **SWEET, DAN**
STREET ADDRESS **630 KIRKWOOD TERRACE, NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

Bonnie L. Bowen **BONNIE L. BOWEN**

4/6/97 **813/541-5612**

CR2E037 (9/96)