CORPORATION ANNUAL REPORT 1995

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

AND FILED
'95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N28353 (3)

1. Corporation Name
THE VINTAGE THUNDERBIRDS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
C/O DAN DAVIS 12928 129TH AVENUE NORTH LARGO FL 34644	C/O DAN DAVIS 12928 129TH AVENUE NORTH LARGO FL 34644

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1988
3a. Date of Last Report: 03/29/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 C/O DALE BISSETT
22 Suite, Apt. #, etc. 1655 CHAPLENE CT
23 City & State DUNEDIN FL
24 Zip 34698 25 County PINELLAS

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

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

DAVIS, DAN
12928 129TH AVENUE NORTH
LARGO FL 34644

10. Name and Address of New Registered Agent

81 Name: DALE BISSETT
82 Street Address (P.O. Box Number is Not Acceptable): 1655 CHAPLENE CT
83
84 City: DUNEDIN FL 85 Zip Code: 34698

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: Dale J. Bissett 3/20/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	DAVIS, DAN	1.2 NAME	DALE BISSETT	
STREET ADDRESS	12928 129TH AVE N.	1.3 STREET ADDRESS	1655 CHAPLENE CT	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	VP	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	BOYTON, BOB	2.2 NAME	R.A. COATES	
STREET ADDRESS	465 FOREST PARK ROAD	2.3 STREET ADDRESS	103 SUN ISLE CIRCLE	
CITY-ST-ZIP	OLDSMAR FL	2.4 CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	DS	3.1 TITLE	DS	☒ Change ☐ Addition
NAME	SCHAEFER, DORIS	3.2 NAME	VIVIAN COATES	
STREET ADDRESS	7940 9TH AVE. S.	3.3 STREET ADDRESS	103 SUN ISLE CIRCLE	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	DT	4.1 TITLE		☐ Change ☐ Addition
NAME	TANZER, MARGE	4.2 NAME		
STREET ADDRESS	10984 SW 82ND TERRACE	4.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: Dale J. Bissett DALE J. BISSETT 3/20/95 (813) 733-3577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0087107