

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90099 039 \*\*\*\*61.25

**DOCUMENT # N28353**

1. Corporation Name

**THE VINTAGE THUNDERBIRDS OF FLORIDA, INC.**

Principal Place of Business

1409 SOUTH BETTY LANE  
CLEARWATER FL 34616  
US

Mailing Address

1409 SOUTH BETTY LANE  
CLEARWATER FL 34616  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 **4206 WAYSIDE WILLOW CT.**23 City & State  
**TAMPA FL**24 Zip **33624** 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 **4206 WAYSIDE WILLOW CT.**28 City & State  
**TAMPA FL**29 Zip **33624** 30 Country

3. Date Incorporated or Qualified

**09/14/1988**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

DAVIS, DAN  
1409 SOUTH BETTY LANE  
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name **ED WIEGAND**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4206 WAYSIDE WILLOW COURT**  
83  
84 City **TAMPA** FL 85 Zip Code **33624**

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

*Ed Wiegand President 2-21-99*

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 **PD** ☒ DELETE  
NAME **DAVIS, DAN**  
STREET ADDRESS **1409 SOUTH BETTY LANE**  
CITY-ST-ZIP **CLEARWATER FL 34616**TITLE **DT** ☐ DELETE  
NAME **DUTTON, BRUCE**  
STREET ADDRESS **8724 134TH ST N**  
CITY-ST-ZIP **SEMINOLE FL 33776**TITLE **DS** ☒ DELETE  
NAME **POLINSKY, NANCY**  
STREET ADDRESS **6019 MURRAY HILL DR**  
CITY-ST-ZIP **TAMPA FL 33615**TITLE **VP** ☒ DELETE  
NAME **LAY, HOMER**  
STREET ADDRESS **4118 LYNBROOK DR**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRES.** ☒ Change ☐ Addition  
1.2 NAME **ED WIEGAND**  
1.3 STREET ADDRESS **4206 WAYSIDE WILLOW COURT**  
1.4 CITY-ST-ZIP **TAMPA FL 33624**2.1 TITLE **TREAS** ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE **SECTY** ☒ Change ☐ Addition  
3.2 NAME **PATRICIA SOTO**  
3.3 STREET ADDRESS **1047 MAINSAIL DRIVE**  
3.4 CITY-ST-ZIP **TARPON SPRINGS FL 34689**4.1 TITLE **VICE PRES.** ☒ Change ☐ Addition  
4.2 NAME **KEN DEPIES**  
4.3 STREET ADDRESS **862 WARREN ROAD**  
4.4 CITY-ST-ZIP **LOTZ FL 33549**5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*Bruce Dutton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FEB 3 1999 (727) 392-2859**

Date

Daytime Phone #

CR2E037 (11/98)