

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 MAY -1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N33099 (5) 1. Corporation Name MID-FLORIDA CORVETTE CLUB, INCORPORATED			
Principal Place of Business PO BOX 773 LAKE MARY FL 32746		Mailing Address PO BOX 773 LAKE MARY FL 32746	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 105 Brierwood Dr. 27 Suite, Apt. #, etc. 28 City & State 29 Sanford FL 30 Zip Country 32771 USA	
9. Name and Address of Current Registered Agent GREENE, THOMAS C. 212 NORTH PARK AVENUE SANFORD FL		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 Signature typed or printed name of registered agent and filed application (if not) Registered Agent signature required when recording (if not)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	COOMBS, LEWIS	12 NAME	
STREET ADDRESS	321 KIMBERLY COURT	13 STREET ADDRESS	
CITY ST ZIP	SANFORD FL	14 CITY ST ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	SPENCE, JIM	22 NAME	
STREET ADDRESS	310 HIGH STREET	23 STREET ADDRESS	
CITY ST ZIP	OVEDO FL	24 CITY ST ZIP	
TITLE	DT	31 TITLE	☐ Change ☐ Addition
NAME	STAFFORD, CAROL	32 NAME	
STREET ADDRESS	105 BRIERWOOD DRIVE	33 STREET ADDRESS	
CITY ST ZIP	SANFORD FL	34 CITY ST ZIP	
TITLE	DP	41 TITLE	☐ Change ☐ Addition
NAME	COOMBS, CAROL	42 NAME	
STREET ADDRESS	321 KIMBERLY CT	43 STREET ADDRESS	
CITY ST ZIP	SANFORD FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 110.07(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: Carol L. Stafford Carol L. Stafford 1-29-95 (407)869-1817 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Number			