

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N41881 (6)

1. Corporation Name

SUNSHINE STATE VINTAGE THUNDERBIRDS, INCORPORATE  
D

Principal Place of Business

3401 ELKRIDGE DR  
HOLIDAY FL 34691  
US

Mailing Address

3401 ELKRIDGE DR  
HOLIDAY FL 34691  
US

3. Date Incorporated or Qualified  
01/31/1991

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

2. Principal Place of Business

2a. Mailing Address

21 155 23rd Ave S.E.

26 155 23rd Ave S.E.

4. FEI Number  
59-3119792

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

City & State

City & State

23 St Pete, FL

28 St Pete, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33705

25 USA

29 33705

30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILDEBRANT, EDWARD  
3401 ELKRIDGE DRIVE  
HOLIDAY FL 34691

81 Name

Nora Roberts

82 Street Address (P.O. Box Number is Not Acceptable)

155 23rd Ave. S.E.

83

84 City

St Pete

FL

85 Zip Code

33705

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

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

*Nora Roberts*

(NOTE: Registered Agent signature required when reinstating)

DATE 2/12/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME HILDEBRANT, EDWARD  
STREET ADDRESS 3401 ELKRIDGE DRIVE  
CITY-ST-ZIP HOLIDAY FL

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

TITLE D  
NAME BOEING, DONALD  
STREET ADDRESS 3751 SAIL DRIVE  
CITY-ST-ZIP NEW PORT RICHEY FL

☐ DELETE

1.2 NAME

☐ Change ☐ Addition

TITLE D  
NAME GARRISON, GENE  
STREET ADDRESS 7415 DAUVIN COURT  
CITY-ST-ZIP PORT RICHEY FL

☐ DELETE

1.3 STREET ADDRESS

☐ Change ☐ Addition

TITLE D  
NAME WALLER, BARBARA  
STREET ADDRESS 2727 SANLAN RANCH DRIVE, BOX 20  
CITY-ST-ZIP LAKELAND FL

☒ DELETE

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S  
NAME ROBERTS, NORA  
STREET ADDRESS 155 SE 23RD AVE  
CITY-ST-ZIP ST PETERSBURG FL

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

2.2 NAME

☐ Change ☐ Addition

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

3.5 TITLE

☐ Change ☐ Addition

3.6 NAME

3.7 STREET ADDRESS

3.8 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:

*Nora Roberts*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Nora Roberts*

DATE 2/12/96

(813)  
823-6056

CR2E037 (12/95)