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Jun 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N41881** (6)

1. Corporation Name

**SUNSHINE STATE VINTAGE THUNDERBIRDS, INCORPORATE**  
**D**



Principal Place of Business

Mailing Address

**155 23RD AVENUE SE  
ST. PETERSBURG FL 33705  
US**

**155 23RD AVENUE SE  
ST. PETERSBURG FL 33705-3211  
US**

3. Date Incorporated or Qualified  
**01/31/1991**

3a. Date of Last Report  
**02/22/1996**

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

10. Name and Address of New Registered Agent

**ROBERTS, NORA  
155 23RD AVENUE S.E.  
ST. PETERSBURG FL 33705**

**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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **HILDEBRANT, EDWARD** *Advisory Foreman*  
STREET ADDRESS **3401 ELKRIDGE DRIVE**  
CITY-ST-ZIP **HOLIDAY FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

2.1 TITLE **Linda Boeing** ☐ Change ☒ Addition  
2.2 NAME **3751 Sail Drive**  
2.3 STREET ADDRESS **New Port Richey, FL**  
2.4 CITY-ST-ZIP

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

3.1 TITLE **Gary Vernon** ☐ Change ☒ Addition  
3.2 NAME **3751 104th Ave N.**  
3.3 STREET ADDRESS **Pinellas Park, FL 34622**  
3.4 CITY-ST-ZIP

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

4.1 TITLE **P** ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE **Barb Waller** ☐ Change ☒ Addition  
5.2 NAME **9114 Stephenson Dr.**  
5.3 STREET ADDRESS **New Port Richey, FL**  
5.4 CITY-ST-ZIP **34665**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE **Linda Franklin** ☐ Change ☒ Addition  
6.2 NAME **4024 17th St. N.**  
6.3 STREET ADDRESS **St Pete, FL 33714**  
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 *[Signature]* (813)

CR2E037 (9/96)