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Jul 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N41881 (6)

1. Corporation Name
SUNSHINE STATE VINTAGE THUNDERBIRDS, INCORPORATED

Principal Place of Business	Mailing Address
155 23RD AVENUE SE ST. PETERSBURG FL 33705 US	155 23RD AVENUE SE ST. PETERSBURG FL 33705 US

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

4. FEI Number: 59-3119792 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

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 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 7/19/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DAF HILDEBRANT, EDWARD 3401 ELKRIDGE DRIVE HOLIDAY FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BOEING, LINDA 3751 SAIL DR NEW PORT RICHEY FL	X ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Waller, Don 12712 Candlewood Way Hudson, Fl 34667 D (12712 Candlewood Way)	X ☐ Change ☐ Addition X
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VERNON, GARY 3951 104TH AVE N PINELLAS PARK FL	X ☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Wasmund, David 9601 N. Willow Ave Tampa, Fl 33612	☒ Change ☐ Addition X
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROBERTS, NORA 155 SE 23RD AVE ST PETERSBURG FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS WALLER, BARB 9914 STEPHENSON DR NEW PORT RICHEY FL	X ☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Waller, Barb 12712 Candlewood Way Hudson, Fl 34667	☒ Change ☐ Addition X
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT FRANKLIN, LINDA 4024 17TH ST N ST PETERSBURG FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

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.

SIGNATURE: 7/19/98 (813)393-1153

7/19/98

To Whom It may Concern:

I sent an original statement with a check months ago. I never received the form back and the check was never cashed. I plan calling your office. I was told the original form & check were returned as incomplete however I never received them. I am sending another form and check to you. I have enclosed a copy of the original that I sent in may and a copy of the books which I also previously submitted. Luckily I had a copy of them. Thank you for your assistance.

Sincerely
Nora Roberts

National Brand 45-603 Eye Ease 45-303 2-Pack Made in USA

Sunshine State Vintage FB

1997

1996 — 254179

		Debit	Credit	Balance
1997				
	Flammer start up	12500		241679
Apr	Newsletter	4067		237612
97	phone	7500		230112
	deposit		3000	233112
	Trophies	100000		133112
	flyers	2400		130712
	deposit		15000	145712
	flammer sup.	1167		144545
		9421		135124
		800		134324
		691		133633
		3631		130005
		12330		117672
		5000		112672
	deposits		30370	141672
Feb	- club donation Erica	3500		138172
	postage newsletter	3360		134812
97	donation all-childrens	5000		129812
	trophies - flamer	60529		343983
	DJ dinner	300		340983
Mar	postage	2000		338983
	name tags	1500		337483
97	return Reg fee - walker	1000		336483
	stamps	3500		332983
	JC Taylor	50302		282683
	deposits		60688	343371
Apr	newsletter	2740		340631
	phone	7500		333131
97	insurance fee	7500		325631
	Rooster cover - stamps	3725		321906
May	Mueller	4500		317406
	misc food cards walls	2499		314907
	Postage cards Boeing	811		314096
97	Duke-mtg - post. DL.	7500		306596
	Tax collector	1960		304636

National Brand 45-603 Eye Ease 2-Pack 45-303 Made in USA

LSVT 1997

June 97	Newsletter:		3500		304636
	Stamps		3600		297536
July 97	Newsletter: mine exp		5725		291811
	printer ink		2567		289244
	Newsletter		6000		283244
Aug 97	rez-tucky RR - Clubfest		3000		280244
Sept 97	newsletter		6000		274244
	deposit			7226	281477
Oct 97	phone		3876		275594
	flyers		8500		267094
Nov 97	flyers		5000		262094
	Motor exp -		2198		259946
	flyers		2500		257446
Dec 97	flower	BW	3056		254390
	phone		7500		246890
	flyers post	N.L.	12500		234390
	trophys		8000		149390

FILE NOW: FILING FEE IS $61.25

copy of form sent in may

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1998

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SUNSHINE STATE VINTAGE THUNDERBIRDS, INCORPORATE

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

4. FEI Number: 59-3119792 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 County	29 Zip / 30 County

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. Is this nonprofit corporation a cooperative association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name SAME
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 617.0508, 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 5/24/98
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when name is changed)

12. OFFICERS AND DIRECTORS		13. ADD, CHANGE OR DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HILDEBRANT, EDWARD 3401 ELKRIDGE DRIVE HOLIDAY FL 34691 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1st VICE PRESIDENT WASMUND, DAVID 9601 N. WILLOW AVENUE TAMPA, FL 33612 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WALLER, BARB 9914 STEPHENSON DRIVE NEW PORT RICHEY, FL 34655 ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SOTO, FELIX 1047 MAINSAIL DRIVE TARPON SPRINGS, FL 34689 ☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SUPPLY OFFICER SMITH, DAVID 155 23RD AVENUE S E ST PETERSBURG, FL 33705 ☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP ☐ Change ☐ Addition

CR2E077 (1/98)

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.

SIGNATURE: _____ 5/24/98 813-863-1153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #