

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41881

1. Corporation Name

**SUNSHINE STATE VINTAGE THUNDERBIRDS, INCORPORATE
D**

Principal Place of Business

155 23RD AVENUE SE
ST. PETERSBURG FL 33705
US

Mailing Address

155 23RD AVENUE SE
ST. PETERSBURG FL 33705
US

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90037 012 ****70.00

1 2 3 4 5 6 7 8 9 *
* 4 3 6 7 9 9 - 9 0 0 3 7 - 1 2 *



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/31/1991

4. FEI Number

59-3119792

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ROBERT'S, 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

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 DAF
NAME HILDEBRANT, EDWARD
STREET ADDRESS 3401 ELKRIDGE DRIVE
CITY-STATE-ZIP HOLIDAY FL ☐ DELETE

TITLE D
NAME WALLER, DON
STREET ADDRESS 12712 CANDLEWOOD WAY
CITY-STATE-ZIP HUDSON FL 34667 ☐ DELETE

TITLE D
NAME WASMUND, DAVID
STREET ADDRESS 9601 N WILLOW AVE
CITY-STATE-ZIP TAMPA FL 33612 ☐ DELETE

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

TITLE D
NAME WALLER, BARB
STREET ADDRESS 12712 CANDLEWOOD WAY
CITY-STATE-ZIP HUDSON FL 34667 ☐ DELETE

TITLE DT
NAME FRANKLIN, LINDA
STREET ADDRESS 4024 17TH ST N
CITY-STATE-ZIP ST PETERSBURG FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 1999 727 823-1666

CR2E037 (11/98)