FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 1:51

DOCUMENT # **N42911** **(0)**

1. Corporation Name
GOLDEN TRIANGLE CLASSIC CHEVY CLUB INC.

Principal Place of Business	Mailing Address
1919 HARDING ST CLEARWATER FL 34625 US	1919 HARDING ST CLEARWATE FL 34625 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/08/1991**
3a. Date of Last Report: **04/29/1994**
4. FEI Number: **59-3028842** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

2. Principal Place of Business	2a. Mailing Address
21 3618 Enterprise Rd., E.	26 3618 Enterprise Rd., E.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Safety Harbor, FL	City & State 28 Safety Harbor, FL
Zip / Country 24 34695 / 25 USA	Zip / Country 29 34695 / 30 USA

9. Name and Address of Current Registered Agent

GETZ, TERRY E.
1919 HARDING ST
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3618 Enterprise Rd., E.
83
84 City: Safety Harbor **FL** 85 Zip Code: 34695

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	GETZ, TERRY E.	1.2 NAME	
STREET ADDRESS	1919 HARDING ST	1.3 STREET ADDRESS	3618 Enterprise Rd., E.
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Safety Harbor, FL 34695
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	TUCKER, JIM	2.2 NAME	
STREET ADDRESS	4209 SWANN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, JERRY	3.2 NAME	
STREET ADDRESS	4735 DAWN MEADOW CT N	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: Terry E. Getz — Terry E. Getz — 4-5-95 — 813/791-8004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #