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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 MAR 22 PM 3:36

DOCUMENT # N45586 (7)

1. Corporation Name

SUNCOAST PARTS MANAGERS CLUB, INC.

Principal Place of Business	Mailing Address
% ROBERT TURNER 1401 EAST PINE ST. CLEARWATER FL 34616	% ROBERT TURNER 1401 EAST PINE ST. CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/11/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3099063 ☐ 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 ☒ No

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

9. Name and Address of Current Registered Agent

TURNER, ROBERT
1401 EAST PINE ST.
CLEARWATER FL 34616

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 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	D/P ☐ Change ☐ Addition
NAME	TUCKER, MAX	1.2 NAME	MAGRUM, TERRY
STREET ADDRESS	2647 COUNTRY CLUB DRIVE	1.3 STREET ADDRESS	2218 Bayou Way
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater, Fl 34624
TITLE	DP	2.1 TITLE	D/V ☐ Change ☐ Addition
NAME	KING, MIKE	2.2 NAME	McIntyre, Duane
STREET ADDRESS	504 ACACIA LANE	2.3 STREET ADDRESS	1414 Hovenshan Dr.
CITY-ST-ZIP	NOKOMIS FL	2.4 CITY-ST-ZIP	New Port Richey, Fl. 34695
TITLE	D	3.1 TITLE	D ☐ Change ☐ Addition
NAME	HEELAN, JOHN	3.2 NAME	King, Mike
STREET ADDRESS	113 WOODINGHAM DR.	3.3 STREET ADDRESS	504 Acacia Ln
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	Nokomis, Fl 34275
TITLE	DV	4.1 TITLE	D ☐ Change ☐ Addition
NAME	MAGRUM, TERRY	4.2 NAME	Tucker, Max
STREET ADDRESS	9400 US 19 N	4.3 STREET ADDRESS	2647 Country Club Dr.
CITY-ST-ZIP	PINELLAS PARK FL	4.4 CITY-ST-ZIP	Clearwater, Fl. 34625
TITLE	D	5.1 TITLE	D ☐ Change ☐ Addition
NAME	TURNER, ROBERT	5.2 NAME	Heelan, John
STREET ADDRESS	1401 EAST PINE STREET	5.3 STREET ADDRESS	113 Woodingham Dr.
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	Venice, Fl.
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 R Magrum 3-15-95 813-376-4671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000944R