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 MAR -8 PM 3:39

DOCUMENT # N50218 (9)

1. Corporation Name
THE VETTE SET CORVETTE CLUB, INC.

Principal Place of Business	Mailing Address
P.O. BOX 4158 GAINESVILLE FL 32613-4158	P.O. BOX 4158 GAINESVILLE FL 32613-4158

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/30/1992
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-3137362 ☐ 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

BEAH, VERN
6401 N.W. 56TH LANE
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

01 Name: Carol Bean
02 Street Address (P.O. Box Number is Not Acceptable): 6401 NW 56 LN
03
04 City: Gainesville FL 05 Zip Code: 32653

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: Carol Bean Carol Bean - President 2/7/95
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	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BEAN, VERN	1.2 NAME	Carol Bean	
STREET ADDRESS	6401 NW 56 LANE	1.3 STREET ADDRESS	6401 NW 56 LN	
CITY-ST-ZIP	GAINESVILLE FL 32606	1.4 CITY-ST-ZIP	Gainesville, Fl 32653	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	GLOVER, TOM	2.2 NAME	Dan Holton	
STREET ADDRESS	3903 N.W. 21ST DRIVE	2.3 STREET ADDRESS	14619 SW 79th St.	
CITY-ST-ZIP	GAINESVILLE FL 32602	2.4 CITY-ST-ZIP	Archer, Fl. 32618	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	PAUL, V.	3.2 NAME	Charlotte Stilwell	
STREET ADDRESS	5419 CR 352	3.3 STREET ADDRESS	19145 NW 88th Ave.	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	3.4 CITY-ST-ZIP	Reddick, Fl. 32686	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	GEORGESON, SANDY	4.2 NAME		
STREET ADDRESS	5724 N.W. 16TH LANE	4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32605-2220	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: Carol Bean Carol Bean 2/7/95 904-377-8475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

000402