FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

N94000002330 (8) DOCUMENT #

OLD TIMERS DAY, INC.

FILED May 19 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					r iddings are sein einer genit deitt datit getit greit jiebe biebe tielt geni fest		
3485 PHILLIPS ROAD 3465 PHILLIPS ROAD CHRISTMAS FL 32709 CHRISTMAS FL 32709					3. Date Incorporated or Qualified 05/10/1994		
					4. FEI Number Applied For		
					59-3241825 Not Applicable		
2. Principal Place of Business 2e. Mailing Address					- 60 76		
21					5. Certificate of Status Desired Fee Required		
Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be		
22 City & State		27			Trust Fund Contribution Added to Fees		
City & State	6	City & State	City & State		7. Is this nonprofit corporation a homeowners association?		
23		28	,		☐ Yes 📝 No		
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the current year Intangible		
24	25	29	30		Personal Property Tax due June 30. Yes M No		
	9. Name and Address of Curre	ni Registered Agent		1 Name	10. Name and Address of New Registered Agent		
****	10111		l'	Name			
TANNER, JOHN			Ĩ	2 Street Ad	dress (P.O. Box Number is Not Acceptable)		
	IILLIPS ROAD		١.	13			
CHRISTI	MA\$ FL 32709			8			
			1	4 City	FL 85 Zip Code		
44 Duramont	to the provisions of Sections 617.05	02 and 617 1509 Florida Ptotut	an the obj	un nomad ac	orporation submits this statement for the purpose of changing its registered		
office or r	registered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida. Such change was a	authorized	by the corpor	reation's board of directors. I hereby accept the appointment as registered		
SIGNATURE	·	•					
	Signature, typed or printed name of registered at			genl signature rec	quired when reinstaling} DATE		
12.		NO DIRECTORS	13.	. 1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD TANING TOURS	☐ DELETE	1.1 TATE		Change Addition		
NAME	TANNER, JOHN		1.2 NAN				
STREET ADDRESS	8465 PHILLIPS RD.			EET ADDRESS			
CITY-ST-ZIP	CHRISTIMAS FL 32709	☐ DELETE		-ST-ZIP	☐ Change ☐ Addition		
TITLE	VO TANNED IEAN	☐ DEFE IE	2.1 TrTL		Claride Clynolium		
NAME	TANNER, JEAN		22 NAN	l l			
STREET ADDRESS	3465 PHILLIPS RD. CHRISTIMAS FL 32709			ET ADDRESS			
CITY-ST-ZIP	STD	DELETE		(-ST-ZIP	Change Addition		
TITLE	WHATLEY, ROBERT	□ neces	3.1 T(TL		Ci Augusta		
NAME STREET ADDRESS	23488 LLEWELLYN ROAD		3.2 NAA				
STREET ADDRESS	CHRISTMAS FL 32709			EET ADDRESS			
CITY-ST-ZIP TITLE	VI INOTRINO FL 02/08	DELETE	3.4. CIT 4.1 TITL	(-ST-ZIP	☐ Change ☐ Addition		
NAME		F-1 betrie	4. 2 NA		L orango T reduton		
				EET ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP TITLE		DELETE	4.4 CITS 5.1 TITL	-ST-ZIP	Change Addition		
NAME		F- petrit	5.2 NAN		- Tradition		
				EET ADDRESS			
STREET ADDRESS City-St-Zip				- 1			
TITLE		DÊLETE	6.1 TITL	-ST-ZIP	☐ Change ☐ Addition		
NAME		TH PEFFIE	6.2 NAN				
				EET ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP			■ 0.4 LH1	-ST-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.