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

APPROVED AND FILED

95 JUL -6 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004670 (5)

1. Corporation Name
ST. CLOUD ANTIQUE TRACTOR & ENGINE CLUB, INC.

Principal Place of Business	Mailing Address
1920 CAROLYN COURT ST CLOUD FL 34769	1920 CAROLYN COURT ST. CLOUD FL 34769

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1994
3a. Date of Last Report:
4. FEI Number: 59-3281719 (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 P.O. Box 701377	26 P.O. Box 701377
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ST Cloud, Florida	28 City & State: ST Cloud, Florida
24 Zip: 34770-1377	29 Zip: 34770-1377
25 County: OSCEOLA	30 County: OSCEOLA

9. Name and Address of Current Registered Agent

NASH, MARTIN
1920 CAROLYN COURT
ST. CLOUD FL 34769

10. Name and Address of New Registered Agent

81 Name: JOHN ROBINSON
82 Street Address (P.O. Box Number is Not Acceptable): 5160 MOORE ST
83 ST CLOUD
84 City: FL 85 Zip Code: 34771

11. Pursuant to the provisions of Section 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: John Robinson — 6/30/95
(Signature must be printed name of registered agent and the President) (New Registered Agent's signature required when designating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	O PRESIDENT ☒ Change ☐ Addition
NAME	NASH, MARTIN	12 NAME	JOHN ROBINSON
STREET ADDRESS	1920 CAROLYN COURT	13 STREET ADDRESS	5160 MOORE ST
CITY ST ZIP	ST. CLOUD FL 34769	14 CITY ST ZIP	ST CLOUD, FL 34771
TITLE	D	21 TITLE	O V-PRESIDENT ☒ Change ☐ Addition
NAME	TUMBLESON, TOM	22 NAME	TIM WITTEN
STREET ADDRESS	P. O. BOX 700742 N/A	23 STREET ADDRESS	1504 MINNESOTA AVE
CITY ST ZIP	ST. CLOUD FL 34772	24 CITY ST ZIP	ST. CLOUD, FL 34769
TITLE	D	31 TITLE	O SECRETARY ☐ Change ☐ Addition
NAME	HARPER, BARBARA	32 NAME	HARPER, BARBARA
STREET ADDRESS	4420 JIM BRANCH ROAD	33 STREET ADDRESS	4420 JIM BRANCH RD
CITY ST ZIP	KISSIMMEE FL 34744	34 CITY ST ZIP	KISSIMMEE FL 34744
TITLE	D	41 TITLE	O TREASURER ☒ Change ☐ Addition
NAME	WELLS, BELINDA	42 NAME	HARPER, BARBARA
STREET ADDRESS	2689 PARTIN SETTLEMENT ROAD	43 STREET ADDRESS	4420 JIM BRANCH RD
CITY ST ZIP	KISSIMMEE FL 34744	44 CITY ST ZIP	KISSIMMEE, FL 34744
TITLE	D	51 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	THOMAS, JAMES	52 NAME	KENYON LAUGHREY
STREET ADDRESS	3825 HIXON AVENUE	53 STREET ADDRESS	3950 HICKORY TREE RD
CITY ST ZIP	ST. CLOUD FL 34772	54 CITY ST ZIP	ST. CLOUD, FL 34772
TITLE	D	61 TITLE	FULFORD, HORACE ☐ Change ☐ Addition
NAME	FULFORD, HORACE	62 NAME	3250 CANOE CREEK RD
STREET ADDRESS	3250 CANOE CREEK ROAD	63 STREET ADDRESS	ST CLOUD, FL 34772
CITY ST ZIP	ST CLOUD FL 34772	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is absolutely true 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: Barbara Harper — BARBARA HARPER — 5/23/95 — (407) 892-5223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

604434T