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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000000692

1. Corporation Name

FLORIDA STATE RALLY, INC.

Principal Place of Business

5989 HAINES ROAD  
ST.PETERSBURG FL 33714

Mailing Address

P.O. BOX 60157  
ST. PETERSBURG FL 33784



2. Principal Place of Business

21 2805 54th Ane. No.

Suite, Apt. #, etc.

22

23 City & State  
St. Petersburg, FL

24 Zip 33714 Country

25

2a. Mailing Address

26 2805 54th Ave No

Suite, Apt. #, etc.

27

28 City & State  
St. Petersburg, FL

29 Zip 33714 Country

30

3. Date Incorporated or Qualified

02/06/1997

4. FEI Number

65-0727400

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

9. Name and Address of Current Registered Agent

HUGHES, A. JOHN JR, ESQ  
2121 MCGREGOR BLVD  
FORT MYERS FL 33901

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
LEDTERMAN, VALERIE  
STREET ADDRESS 3700 W. JUNEAU AVE  
CITY-ST-ZIP MILWAUKEE WI 53201

TITLE ☐ DELETE

NAME T  
ROUNTREE, TOM  
STREET ADDRESS 5989 HAINES ROAD  
CITY-ST-ZIP ST.PETERSBURG FL 33714

TITLE ☐ DELETE

NAME T  
CHARLTON, SCOTT  
STREET ADDRESS 5989 HAINES ROAD  
CITY-ST-ZIP ST.PETERSBURG FL 33714

TITLE ☐ DELETE

NAME T  
TURNER, ELAYNE  
STREET ADDRESS 5989 HAINES ROAD  
CITY-ST-ZIP ST.PETERSBURG FL 33714

TITLE ☐ DELETE

NAME T  
LUCKHAM, SCOTT  
STREET ADDRESS 5989 HAINES ROAD  
CITY-ST-ZIP ST.PETERSBURG FL 33714

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-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, with all other like empowered.

04/14/99

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott L. Luckham, Treasurer

(727) 345-9559

Date

Daytime Phone #

CR2E037 (1/98)