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May 15, 1999 8:00 am
Secretary of State

05-15-1999 90007 026 ****70.00

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N97000003784

1. Corporation Name

FLORIDA TRUCK PULLERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
2591 Vermont Street 2591 Vermont Street
West Melbourne, FL 32904 West Melbourne, FL 32904

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 8145 Evernia Street		26 8145 Evernia Street		June 30, 1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 #1		27 #1		not applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Micco, FL		28 Micco, FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24 32976		29 32976		30 USA	
Country		Country		Country	
25 USA		29 USA		30 USA	

9. Name and Address of Current Registered Agent

BOB PARKER
2591 Vermont Street
West Melbourne, FL 32904

10. Name and Address of New Registered Agent

81 Name VICTOR S. KOSTRO
82 Street Address (P.O. Box Number is Not Acceptable) 1825 Riverview Drive
83
84 City Melbourne FL 85 Zip Code 32901

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)

04/20/99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D <input type="checkbox"/> DELETE	1.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, BOB	1.2 NAME	
STREET ADDRESS	2591 Vermont Street	1.3 STREET ADDRESS	
CITY-ST-ZIP	West Melbourne, FL 32904	1.4 CITY-ST-ZIP	
TITLE	V/D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOGSHEAD, BILL	2.2 NAME	HEARNNDON, LEONARD D.
STREET ADDRESS	3996 Yothers Road	2.3 STREET ADDRESS	970 Atz Road
CITY-ST-ZIP	Plymouth, FL 32768	2.4 CITY-ST-ZIP	Malabar, FL 32950
TITLE	S/T/D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REYNOLDS, BOB	3.2 NAME	HEARNNDON, DESIREE
STREET ADDRESS	8301 Starr Drive	3.3 STREET ADDRESS	970 Atz Road
CITY-ST-ZIP	Orlando, FL 32818	3.4 CITY-ST-ZIP	Malabar, FL 32950
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	PARKER, NINA
STREET ADDRESS		4.3 STREET ADDRESS	2591 Vermont Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	West Melbourne, FL 32904
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEONARD D. HEARNNDON
President

Date

4/22/99

Daytime Phone #

564-64-7772

CR2E037 (1/98)