

**FILE NOW: FILING FEE IS \$61.25**

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

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BOB PARKER</b> 2591 Vermont Street West Melbourne, FL 32904				81 Name	<b>VICTOR S. KOSTRO</b>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>1825 Riverview Drive</b>		
				83			
				84 City	<b>Melbourne</b>	85 Zip Code	<b>FL</b>

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 *Victor S. Kostro* DATE **04/20/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	HEARNDON, 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	HEARNDON, 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: *Leonard D. Hearndon* DATE: **4/22/99** DAYTIME PHONE #: **561-664-7772**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)