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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
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DOCUMENT # N98000001110

1. Corporation Name

ACL STATION MUSEUM, INC.

Principal Place of Business

2307 FAIRWAY LANE
 SEBRING FL 33872

Mailing Address

2307 FAIRWAY LANE
 SEBRING FL 33872



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/25/1998

4. FEI Number

65-0859654

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

JACKSON, ANDREW B
 150 NORTH COMMERCE AVE.
 SEBRING FL 33871

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 ☐ DELETE

TITLE D
 NAME BOLEY, MARIE
 STREET ADDRESS 1249 LAKESIDE DRIVE
 CITY-ST-ZIP LORIDA FL 33857

TITLE D
 NAME DAVIS, RUTH K
 STREET ADDRESS 667 S.E. LAKEVIEW DR.
 CITY-ST-ZIP SEBRING FL 33870

TITLE D
 NAME GANGWISH, ROBERT V
 STREET ADDRESS 1704 SOUTH LAKE REEDY BLVD.
 CITY-ST-ZIP FROSTPROOF FL 33843

TITLE D
 NAME JACKSON, ANDREW B
 STREET ADDRESS 318 N.W. LAKEVIEW DR.
 CITY-ST-ZIP SEBRING FL 33870

TITLE D
 NAME KALTZ, ANDREW L
 STREET ADDRESS 2723 S. WINDING WATERS DR.
 CITY-ST-ZIP AVON PARK FL 33825

TITLE D
 NAME PUCKETT, GARY G
 STREET ADDRESS 4706 SANTA BARBARA DR.
 CITY-ST-ZIP SEBRING FL 33872

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

1.1 TITLE T/D
 1.2 NAME
 1.3 STREET ADDRESS same
 1.4 CITY-ST-ZIP

2.1 TITLE D
 2.2 NAME Bill Snyder
 2.3 STREET ADDRESS 1500 11th Ave.
 2.4 CITY-ST-ZIP Sebring, FL 33872

3.1 TITLE S/D
 3.2 NAME same
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE D
 4.2 NAME Marshall Stoecker
 4.3 STREET ADDRESS 110 Shamrock Dr.
 4.4 CITY-ST-ZIP Sebring, FL 33872

5.1 TITLE P/D
 5.2 NAME Keith W. Williams
 5.3 STREET ADDRESS 2307 Fairway Lane
 5.4 CITY-ST-ZIP Sebring, FL 33872

6.1 TITLE Y/D
 6.2 NAME
 6.3 STREET ADDRESS same
 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

941-385-1332

Daytime Phone #

CR2E037 (11/98)