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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

611368 - 90004 - 20

DOCUMENT # N98000002623

1. Corporation Name
THE UNLIMITED TRUCK CLUB INC.

Principal Place of Business	Mailing Address
608-43RD STREET SOUTH ST. PETERSBURG FL 33711	608-43RD STREET SOUTH ST. PETERSBURG FL 33711

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/05/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 593522393 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

JONES, HORACE
608-43RD STREET SOUTH
ST. PETERSBURG FL 33711

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 _____ DATE
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	☐ DELETE	1.1 TITLE	Alex Cosby	☐ Change ☒ Addition
NAME	WARD, JAMES		1.2 NAME		
STREET ADDRESS	600-43RD STREET, SOUTH		1.3 STREET ADDRESS	3638-16th Ave So	Trustee
CITY-ST-ZIP	ST. PETERSBURG FL 33711		1.4 CITY-ST-ZIP	St. Petersburg Fl 33711	
TITLE	VP	☐ DELETE	2.1 TITLE	Arthur Pellison	☐ Change ☒ Addition
NAME	JONES, HORAACE		2.2 NAME		
STREET ADDRESS	608-43RD STREET SOUTH		2.3 STREET ADDRESS	6521 9th St So	Trustee
CITY-ST-ZIP	ST. PETERSBURG FL 33711		2.4 CITY-ST-ZIP	St. Petersburg, Fl.	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	COSBY, CAROLYN		3.2 NAME	VERNONIA DAVIS	
STREET ADDRESS	3638-16TH STREET SOUTH		3.3 STREET ADDRESS	2239 CALEXICO WAY S	Trustee
CITY-ST-ZIP	ST. PETERSBURG FL 33711		3.4 CITY-ST-ZIP	ST Pete FL 33705	
TITLE	S	☐ DELETE	4.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	JONES, LEE,		4.2 NAME	BEVERLY GRANT.	
STREET ADDRESS	608-43RD STREET SOUTH		4.3 STREET ADDRESS	2047-25th ST. S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33711		4.4 CITY-ST-ZIP	St Pete, FL 33712	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/99)

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: Horace Jones SIGNATURE REQUIRED 7-1-99 (727) 321-5728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #