

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90011 036 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Murris Secretary of State DIVISION OF CORPORATIONS
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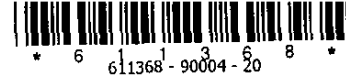
1. Corporation Name

THE UNLIMITED TRUCK CLUB INC.

Principal Place of Business

608-43RD STREET SOUTH
ST. PETERSBURG FL 33711

Mailing Address

608-43RD STREET SOUTH
ST. PETERSBURG FL 33711

6 11368 1-90004-20 8 *



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

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
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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	ALEX COSBY
NAME	WARD, JAMES	1.2 NAME	3638-16th Ave So
STREET ADDRESS	600-43RD STREET, SOUTH	1.3 STREET ADDRESS	St. Petersburg, FL 33711
CITY-ST-ZIP	ST. PETERSBURG FL 33711	1.4 CITY-ST-ZIP	St. Petersburg, FL
TITLE	VP	2.1 TITLE	ARTHUR PERISON
NAME	JONES, HORACE	2.2 NAME	6521 9th St So
STREET ADDRESS	608-43RD STREET SOUTH	2.3 STREET ADDRESS	St. Petersburg, FL
CITY-ST-ZIP	ST. PETERSBURG FL 33711	2.4 CITY-ST-ZIP	St. Petersburg, FL
TITLE	T	3.1 TITLE	VERNONIA DAVIS
NAME	COSBY, CAROLYN	3.2 NAME	2239 CALEXIGS WAY S
STREET ADDRESS	3638-16TH STREET SOUTH	3.3 STREET ADDRESS	ST PETE, FL - 33705
CITY-ST-ZIP	ST. PETERSBURG FL 33711	3.4 CITY-ST-ZIP	ST PETE, FL - 33705
TITLE	S	4.1 TITLE	SECRETARY
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		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: **HORACE JONES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-99 (727) 321-5728

Daytime Phone #

CR2E037 (5/99)