FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 7:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S03162** **(2)**

1. Corporation Name

SKYWAY CORVETTE CLUB, INC

Principal Place of Business	Mailing Address
P.O. BOX 20264 BRADENTON FL 34203	P.O. BOX 20264 BRADENTON FL 34203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/26/1990**
3a. Date of Last Report: **03/18/1994**

21 2. Principal Place of Business

26 2a. Mailing Address: 5214 69th St E

4. FEI Number: **65-0274734** ☐ Applied For ☐ Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

23 City & State

28 City & State: Palmetto Fl

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24 Zip | 25 Country

29 Zip: 34221 | 30 Country: MANATEE

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MORSE, CAROLYN
5214 69TH ST., E.
PALMETTO FL 34221

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 607.0502 and 607.1508, 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 607.0505, 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	PD	1.1 TITLE	☒ Change ☐ Addition Treas.
NAME	MORSE, CAROLYN	1.2 NAME	Carolyn Morse
STREET ADDRESS	5214 69TH ST. E.	1.3 STREET ADDRESS	5214 69th St E
CITY-ST-ZIP	PALMETTO FL	1.4 CITY-ST-ZIP	Palmetto Fl 34221
TITLE	SD	2.1 TITLE	☒ Change ☐ Addition BOD
NAME	COHN, SANDY	2.2 NAME	Ruth O Todic
STREET ADDRESS	4273 TURTLE CREEK	2.3 STREET ADDRESS	5411 Aylesbury Ln
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota Fl 34231
TITLE	~~DSD~~	3.1 TITLE	☒ Change ☐ Addition PD
NAME	FORBES, AL	3.2 NAME	Al Forbes
STREET ADDRESS	2815 52ND AVE., DR., W.	3.3 STREET ADDRESS	2815 52nd Ave. Dr. W.
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	Bradenton Fl 34209
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carolyn Morse 4-21-95 813-722-3311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Carolyn Morse

0484024 FP