

1995



DIVISION OF CORPORATIONS

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

95 MAR -8 PM 3: 04

DOCUMENT # **S36835** (4)

1. Corporation Name  
**ANTIQUE & CLASSIC AUTOMOBILE CLUB OF SEMINOLE COUNTY, INC.**

Principal Place of Business Mailing Address  
**P.O. BOX 0560 SANFORD FL 32772** **P.O. BOX 0560 SANFORD FL 32772**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/08/1991** 3a. Date of Last Report **04/29/1994**

4. FEI Number **59-3056016** 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**

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

2. Principal Place of Business 2a. Mailing Address  
21 [ ] 26 [ ]  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 [ ] 27 [ ]  
City & State City & State  
23 [ ] 28 [ ]  
Zip Country Zip Country  
24 [ ] 25 [ ] 29 [ ] 30 [ ]

9. Name and Address of Current Registered Agent  
**SCOTT, MARY E  
7125 OAKWAY  
SANFORD FL 32773**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD PS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, DAVID R.	1.2 NAME	KENNEDY BOBBY
STREET ADDRESS	715 OAKWAY	1.3 STREET ADDRESS	3114 NOCATEE TRAIL
CITY-ST-ZIP	SANFORD FL	1.4 CITY-ST-ZIP	SORRENTO FL. 32776
TITLE	VD	2.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEYE, ROBERT	2.2 NAME	SCOTT DAVID R.
STREET ADDRESS	1460 VANARSDALE ST	2.3 STREET ADDRESS	715 OAKWAY
CITY-ST-ZIP	OVIDO FL 32765	2.4 CITY-ST-ZIP	SANFORD FL 32773
TITLE	VD	3.1 TITLE	TREASURER TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, LYMAN	3.2 NAME	THOMPSON MARGARET L.
STREET ADDRESS	23 OAKRIDGE RD,	3.3 STREET ADDRESS	236 LOCH LOW DR.
CITY-ST-ZIP	SANFORD FL	3.4 CITY-ST-ZIP	SANFORD FL. 32773
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, MARY E.	4.2 NAME	
STREET ADDRESS	715 OAKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARTRIDGE, MARCELLE	5.2 NAME	
STREET ADDRESS	801 E. 14TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	5.4 CITY-ST-ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 this corporation or a partner, agent 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 of this report.

SIGNATURE: *Margaret L. Thompson* 3/2/95 407-322-8420  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Title District Number