

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S36835** (4)
1. Corporation Name
ANTIQUE & CLASSIC AUTOMOBILE CLUB OF SEMINOLE COUNTY, INC.



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

3. Date Incorporated or Qualified: **03/08/1991**
3a. Date of Last Report: **03/08/1995**
4. FEI Number: **59-3056016**
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 (21-23)
2a. Mailing Address (26-28)
24. Zip Country (25-29)

9. Name and Address of Current Registered Agent: **SCOTT, MARY E 7125 OAKWAY SANFORD FL 32773**
10. Name and Address of New Registered Agent (81-85): **SCOTT, MARY E 7125 OAKWAY SANFORD FL 32773**

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 officer 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: _____ (NOTE: Registered Agent Signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: KENNEDY, BOBBY	1.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3114 NOCATEE TRAIL	CITY-ST-ZIP: SORRENTO FL	1.2 NAME: Margaret L. Thompson	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS: 236 Loch Low Drive	
		1.4 CITY-ST-ZIP: Sanford, FL 32773	
TITLE: VD	NAME: NEYE, ROBERT	2.1 TITLE: VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1480 VANARSDALE ST	CITY-ST-ZIP: OVIEDO FL 32765	2.2 NAME: Mary E. Scott	
	<input checked="" type="checkbox"/> DELETE	2.3 STREET ADDRESS: 715 Oakway	
		2.4 CITY-ST-ZIP: Sanford, FL 32773	
TITLE: TD	NAME: THOMPSON, MARGARET L	3.1 TITLE: TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 236 LOCH LOW DR	CITY-ST-ZIP: SANFORD FL	3.2 NAME: Marilyn Scott	
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS: PO Box 1143	
		3.4 CITY-ST-ZIP: Sanford, FL 32772	
TITLE: SD	NAME: SCOTT, MARY E.	4.1 TITLE: VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 715 OAKWAY	CITY-ST-ZIP: SANFORD FL	4.2 NAME: Bobby Kennedy	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS: 3114 Nocatee Trail	
		4.4 CITY-ST-ZIP: Sorrento, FL 32776	
TITLE: C	NAME: PARTRIDGE, MARCELLE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 801 E. 14TH ST.	CITY-ST-ZIP: SANFORD FL	5.2 NAME:	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE: VD	NAME: SCOTT, DAVID R	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 715 OAKWAY	CITY-ST-ZIP: SANFORD FL	6.2 NAME:	
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS:	
		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)(k), 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: Margaret L. Thompson President: Margaret L. Thompson Date: 2/19/96 407-323-3214