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**Feb 17 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

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 32772-0560**

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

3. Date Incorporated or Qualified **03/08/1991** 3a. Date of Last Report **03/04/1996**
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

9. Name and Address of Current Registered Agent
**SCOTT, MARY E
715 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMPSON, MARGARET L	
STREET ADDRESS	236 LOCH LOW DR	
CITY-ST-ZIP	SANFORD FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, MARY E	
STREET ADDRESS	715 OAKWAY	
CITY-ST-ZIP	SANFORD FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, MARILYN	
STREET ADDRESS	P O BOX 1143	
CITY-ST-ZIP	SANFORD FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KENNEDY, BOBBY	
STREET ADDRESS	3114 NOCATEE TRAIL	→
CITY-ST-ZIP	SORRENTO FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	PARTRIDGE, MARCELLE	
STREET ADDRESS	801 E. 14TH ST.	→
CITY-ST-ZIP	SANFORD FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCOTT, DAVID R	
STREET ADDRESS	715 OAKWAY	
CITY-ST-ZIP	SANFORD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	David SCOTT, David R	
1.3 STREET ADDRESS	715 Oakway	
1.4 CITY-ST-ZIP	SANFORD, FL 32773	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SAULS, David SAULS	
2.3 STREET ADDRESS	1428 Northern Way	
2.4 CITY-ST-ZIP	Winter Springs, FL 32708	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	THOMPSON, Margaret L	
3.3 STREET ADDRESS	236 Loch Low Dr	
3.4 CITY-ST-ZIP	SANFORD, FL 32773	
4.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KENNEDY, Bobby	
4.3 STREET ADDRESS	3114 NOCATEE TRAIL	
4.4 CITY-ST-ZIP	SORRENTO, FL 32776	
5.1 TITLE	C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PART RIDGE, Marcelle	
5.3 STREET ADDRESS	801 E. 14th St.	
5.4 CITY-ST-ZIP	SANFORD, FL 32771	
6.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	FERRLING, David	
6.3 STREET ADDRESS	164 Mill Run Dr	
6.4 CITY-ST-ZIP	Lake Mary, FL 32746	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.023(1), 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. 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: _____ 1/3/97 407-323-3214 - Home
407-322-8420 - Work
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)