

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/08/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3056016	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCOTT, MARY E 715 OAKWAY SANFORD FL 32773				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *Mary E. Scott* DATE: **2-9-98**

12. OFFICERS AND DIRECTORS				13. (ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12)			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President	<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		
TITLE	DV	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAULS, DAVID			2.2 NAME	SCOTT, DAVID R.		
STREET ADDRESS	1428 NORTHERN WAY			2.3 STREET ADDRESS	715 OAKWAY		
CITY-ST-ZIP	WINTER SPRINGS FL			2.4 CITY-ST-ZIP	SANFORD, FL		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, MARGARET L			3.2 NAME	DANOLUK, JOLICE		
STREET ADDRESS	236 LOCH LOW DR			3.3 STREET ADDRESS	137 Florence Blvd.		
CITY-ST-ZIP	SANFORD FL			3.4 CITY-ST-ZIP	DeBary, FL		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENNEDY, BOBBY			4.2 NAME	SCOTT, MARY		
STREET ADDRESS	3114 NOCATEE TRAIL			4.3 STREET ADDRESS	715 OAKWAY		
CITY-ST-ZIP	SORRENTO FL			4.4 CITY-ST-ZIP	SANFORD, FL		
TITLE	C	<input type="checkbox"/> DELETE		5.1 TITLE	Correspondent	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARTRIDGE, MARCELLE			5.2 NAME	PARTRIDGE, MARCELLE		
STREET ADDRESS	801 E. 14TH ST.			5.3 STREET ADDRESS	801 E. 14TH ST.		
CITY-ST-ZIP	SANFORD FL			5.4 CITY-ST-ZIP	SANFORD, FL		
TITLE	S	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERRLING, DAVID			6.2 NAME			
STREET ADDRESS	164 MILL RUN DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE MARY FL			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)(j), 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: *Mary E. Scott* DATE: **2-9-98** 407-323-8844

CR2E034 (10/97)