

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 C
OUNTY, 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			
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

Mary E. Scott
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

2-9-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	President
NAME	SCOTT, DAVID R	1.2 NAME	Kennedy, Bobby
STREET ADDRESS	715 OAKWAY	1.3 STREET ADDRESS	3114 NOCATTEE TRAIL
CITY-ST-ZIP	SANFORD FL	1.4 CITY-ST-ZIP	Sorrento, FL
TITLE	DV	2.1 TITLE	Vice President
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	3.1 TITLE	Treasurer
NAME	THOMPSON, MARGARET L	3.2 NAME	DANOLUK, JOYCE
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	4.1 TITLE	Secretary
NAME	KENNEDY, BOBBY	4.2 NAME	SCOTT, MARY
STREET ADDRESS	3114 NOCATTEE TRAIL	4.3 STREET ADDRESS	715 OAKWAY
CITY-ST-ZIP	SORRENTO FL	4.4 CITY-ST-ZIP	SANFORD, FL.
TITLE	C	5.1 TITLE	Correspondent
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	6.1 TITLE	
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

2-9-98

407-323-8844

CR2E034 (10/97)