

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **720507** (3)

1. Corporation Name
TATE QUARTERBACK CLUB, INC.

Principal Place of Business Mailing Address
P.O. BOX 303 GONZALEZ FL 32560 P.O. BOX 303 GONZALEZ FL 32560

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/16/1971	3a. Date of Last Report 05/01/1994
4. FEI Number 03-0001014	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**NELSON, CHARLES E
280 MAN O'WAR CIRCLE
CANTONMENT FL 32533**

10. Name and Address of New Registered Agent

81 Name Peacock, Wayne
82 Street Address (P.O. Box Number is Not Acceptable) 11559 Duelling Oaks Circle
83
84 City Pensacola
85 State FL
86 Zip Code 32514

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 Wayne Peacock Wayne Peacock 5/8/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature records when recording) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME NELSON, CHARLES E	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 280 MAN O'WAR CIRCLE	CITY - ST - ZIP CANTONMENT FL	1.2 NAME	
TITLE VD	NAME TRAMMELL, ANDY	1.3 STREET ADDRESS	
STREET ADDRESS 1760 KATHLEEN AVE	CITY - ST - ZIP CANTONMENT FL	1.4 CITY - ST - ZIP	
TITLE TD	NAME PEACOCK, WAYNE	2.1 TITLE PD VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11559 DUELING OAKS CIRCLE	CITY - ST - ZIP PENSACOLA FL	2.2 NAME Roy Wiggins	
TITLE D	NAME FARINAS, THOMAS W JR.	2.3 STREET ADDRESS PO Box 563	
STREET ADDRESS 9932 BOWMAN AVE.	CITY - ST - ZIP PENSACOLA FL	2.4 CITY - ST - ZIP GONZALEZ, FL 32560	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME HENDRIX, MARQUE	3.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 762 EL CAMINO DR	CITY - ST - ZIP CANTONMENT FL	3.2 NAME	
TITLE D	NAME INGRAM, HIRAM	3.3 STREET ADDRESS	
STREET ADDRESS 3158 MAYOKI TRAIL	CITY - ST - ZIP CANTONMENT FL	3.4 CITY - ST - ZIP	
TITLE D	NAME WARD, DOUGLAS M	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3261 E Kingsfield Rd	CITY - ST - ZIP Pensacola, FL 32514	4.2 NAME	
TITLE D	NAME WARD, DOUGLAS M	4.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3261 E Kingsfield Rd	CITY - ST - ZIP Pensacola, FL 32514	4.4 CITY - ST - ZIP	
TITLE D	NAME WARD, DOUGLAS M	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3261 E Kingsfield Rd	CITY - ST - ZIP Pensacola, FL 32514	5.2 NAME	
TITLE D	NAME WARD, DOUGLAS M	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3261 E Kingsfield Rd	CITY - ST - ZIP Pensacola, FL 32514	5.4 CITY - ST - ZIP	
TITLE D	NAME WARD, DOUGLAS M	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3261 E Kingsfield Rd	CITY - ST - ZIP Pensacola, FL 32514	6.2 NAME	
TITLE D	NAME WARD, DOUGLAS M	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3261 E Kingsfield Rd	CITY - ST - ZIP Pensacola, FL 32514	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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Douglas M Ward Douglas M Ward 4/23/95 904-995-5261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER