SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) APPROVED AND NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 96 SEP -6 AM 7: 18 DIVISION OF CORPORATIONS 1996 (6)SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # 744615 FIGHTIN GATOR TOUCHDOWN CLUB, INC. Principal Place of Business Mailing Address 500001951465 -03/19/96--01010--013 P.O. BOX 147050 P.O. BOX 147050 **GAINESYILLE FL 32614** GAINESVILLE FL 32614 *****61 *****61. 3. Date Incorporated or Qualified 10/17/1978 3a. Date of Last Report 03/01/1995 2a. Mailing Address Number 59-1930965 Applied For 2. Principal Place of Business 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 30 Florida Statutes 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent سويجدولالا JAMES, JEFF 62 Box Number is Not Acceptable) 7922 SW 13TH ROAD GAINESVILLE FL 32607 83 Cius A. nosville 84 Zip Code 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or bett, 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 617.0503, Florida Statutes. SIGNATURE Signature typed of plustomarks of registered agent and life of applicable. (NOTE Registered Agent signature required when reinstaling) OATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change X Addition TITLE 1.1 TITLE Ton Tumbleson BENTHALL, BOB 4420 NW 36 AVE #C NAME 1 2 NAME 1318 SW 122ND ST. STREET ADDRESS 1.3 STREET ADDRESS GAINESVIlle FL GAINESVILLE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE 2.1 TITLE Change KARLE, MARTY WARE TOWASEND NAME 2.2 NAME P. O. BOX 191 N/A 2319 NW 41 Ave STREET ADDRESS 2.3 STREET ADDRESS ALACHUA FL GAINESSILLE CITY-ST-ZIP 2.4 CITY - ST - ZiP DELETE Addition 3.1 TITLE ___ Change TITLE Steve SWANSON WATERS, BRETT NAME 3.2 NAME 3930 NW 23 Tenne 315 NE 2ND AVE STREET ADDRESS 3.3 STREET ADDRESS HIGH SPRINGS FL 32643 GA. nesville FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change 4.1 TITLE TITLE HARLADD Hittle James, Jeff NAME 1,2 NAME P.O. BOX 94 7922 SW 13TH ROAD STREET ADDRESS GAINESVILLE FL 32607 Alachua FL CITY-ST-ZIP 4.4 CITY - ST - ZIP Addition TITLE DELETE Change 5.1 TITLE Bub Benthall HAMILTON, TOM 5.2 NAME NAME 1318 SW 122 St 4323 NW 21 TERR. STREET ADDRESS 5.3 STREET ADDRESS GAINESVILLE FL Gainesville 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE PARMENTER, ANDY الم كالع NAME 6 2 NAME 2524 NW 69TH TERRACE **6 3 STREET ADDRESS** STREET ADDRESS GAINESVILLE FL 32606 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 suppliemental 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: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

351 335 9998 Daytime Phone # x 8290