

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 744615 (6)

1. Corporation Name
FIGHTIN GATOR TOUCHDOWN CLUB, INC.

Principal Place of Business P.O. BOX 147050 GAINESVILLE FL 32614	Mailing Address P.O. BOX 147050 GAINESVILLE FL 32614-7050
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21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 10/17/1978	3a. Date of Last Report 09/06/1996
4. FEI Number 59-1930965	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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SWANSON, STEPHEN
3930 N.W. 23RD TERRACE
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	TUMBLESON, TOM
STREET ADDRESS	4420 NW 36 AVE #C
CITY-ST-ZIP	GAINESVILLE FL
TITLE	V <input type="checkbox"/> DELETE
NAME	TOWNSEND, WADE
STREET ADDRESS	2319 NW 41 AVE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	SWANSON, STEPHEN
STREET ADDRESS	3930 NW 23 TERRACE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	S <input type="checkbox"/> DELETE
NAME	HITTLE, HARLAND
STREET ADDRESS	P.O. BOX 94 N/A
CITY-ST-ZIP	ALACHUA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HAMILTON, TOM
STREET ADDRESS	4323 NW 21 TERR.
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BENTHALL, BOB
STREET ADDRESS	1318 SW 122 ST
CITY-ST-ZIP	GAINESVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *S. P. K. 7*

CR2E037 (9/96)