

FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 764942 (9)  
1. Corporation Name  
BIG SCRUB TRAIL RIDERS OF CENTRAL FLORIDA, INC.



Principal Place of Business Mailing Address  
% ALLEN PEAREE 3318 NW 68TH AVE GAINESVILLE FL 32606  
% ALLEN PEAREE 3318 NW 68TH AVE GAINESVILLE FL 32653-1301

3. Date Incorporated or Qualified 09/10/1982 3a. Date of Last Report 04/10/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 3473 NW 49th Ave	26 3473 NW 49th Ave	59-3073454	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input checked="" type="checkbox"/>	
23 City & State Gainesville, FL	28 City & State Gainesville, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
24 Zip 32605	29 Zip 32605	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
24	29	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PEARCE, E. ALLEN 3318 NW 68TH AVE GAINESVILLE FL 32606	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3473 NW 49th Ave 83 84 City 85 Zip Code FL 32605

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICCOM, MIKE	1.2 NAME	
STREET ADDRESS	2104 NW 31 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, E. ALLEN	2.2 NAME	
STREET ADDRESS	3318 NW 68TH AVE	2.3 STREET ADDRESS	3473 NW 49th Ave
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	Gainesville, FL 32605
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALES, KRISTIE	3.2 NAME	
STREET ADDRESS	4055 NW GAINESVILLE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLING, KENNETH	4.2 NAME	
STREET ADDRESS	2277 HWY 41 N	4.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICCOM, MIKE	5.2 NAME	
STREET ADDRESS	2104 NW 31ST AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, CHRIS	6.2 NAME	
STREET ADDRESS	6675 SE 110 ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL	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 by an attachment with an address.

CR2E037 (9/96)