FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # N03955 (4)

1. Corporation Name
BRANDON SHRINE CLUB HOLDING CORPORATION

Principal Place of Business
P.O. BOX 282
BRANDON FL 33509-0282

Mailing Address
P.O. BOX 282
BRANDON FL 33509-0282

3. Date Incorporated or Qualified: 06/28/1984
3a. Date of Last Report: 01/23/1995

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) Country (25) / Zip (29) Country (30)

4. FEI Number: 59-2454370 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
HAMPTON, DOUGLAS W
205 N PARSONS AVE
BRANDON FL 33510

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 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 _____ (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: A registered Agent signature required when not listing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	KARB, ALEXANDER	
STREET ADDRESS	2701 WILLOW OAKS DRIVE	
CITY-ST-ZIP	VALRICO FL	
TITLE	VD	☒ DELETE
NAME	HAMPTON, DOUGLAS	
STREET ADDRESS	205 N. PARSONS AVE.	
CITY-ST-ZIP	BRANDON FL	
TITLE	VD	☒ DELETE
NAME	COCCHIOLA, ROCCO	
STREET ADDRESS	P. O. BOX 2597	
CITY-ST-ZIP	BRANDON FL	
TITLE	TD	☐ DELETE
NAME	CRABTREE, CLINTON	
STREET ADDRESS	110 MOBILE PLACE	
CITY-ST-ZIP	BRANONN FL	
TITLE	SD	☐ DELETE
NAME	KRUINING, WYNARD	
STREET ADDRESS	1318 VILLAGE COURT	
CITY-ST-ZIP	BRANDON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE	PD	☒ Change ☒ Addition
1.2 NAME	RANSONE, HENRY	
1.3 STREET ADDRESS	P.O. BOX 658	
1.4 CITY-ST-ZIP	RIVERVIEW, FL 33569	
2.1 TITLE	VD	☒ Change ☒ Addition
2.2 NAME	HINTON, HERMAN	
2.3 STREET ADDRESS	12103 MIDLAKE DR.	
2.4 CITY-ST-ZIP	TAMPA, FL 33612	
3.1 TITLE	VD	☒ Change ☒ Addition
3.2 NAME	NOLAN, GENA	
3.3 STREET ADDRESS	609 SANDY CREEK DR.	
3.4 CITY-ST-ZIP	BRANDON, FL 33511	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 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 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 Clinton M. Crabtree — CLINTON M CRABTREE — 4-15-96 (Date) — 8136896603 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)

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