

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:54

DOCUMENT # **N09468** (2)
1. Corporation Name
PLAYERS CLUB ON THE BAY, INC.

Principal Place of Business Mailing Address
4701 OLD-HIGHWAY 98 -- **PO BOX 6417**
STE C102B **DESTIN FL 32541**
DESTIN FL 32541 **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/28/1985** 3a. Date of Last Report **02/07/1994**
4. FEI Number **59-2543489** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1096 Old Highway 98** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
27
City & State City & State
23
28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
PUCKETT, JOHN E.
4701-OLD-HIGHWAY-98-
STE C102B
DESTIN FL 32541

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
1096 Old Highway 98
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 *[Signature]* DATE **1/19/95**
Signature, typed or printed name of registered agent and his telephone. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE **DV**
NAME **-WAGNER, CARROLL L.-**
STREET ADDRESS **-11770 MOUNT LAUREL DRIVE-**
CITY-ST-ZIP **-ROSWELL GA--**
TITLE **DST**
NAME **DRYDEN, HORACE E.**
STREET ADDRESS **21 PLAYERS CLUB-SANDESTI**
CITY-ST-ZIP **DESTIN FL**
TITLE **PD**
NAME **SISTRUNK, JACK**
STREET ADDRESS **4925 GREENVILLE AVE 1 ENERGY SQ STE 815**
CITY-ST-ZIP **DALLAS TX**
TITLE **D**
NAME **MILLS, JAKE**
STREET ADDRESS **-2205 SHORELINE---**
CITY-ST-ZIP **TUPELO MS**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME **Carl Hall**
1.3 STREET ADDRESS **20 Players Club - Sandestin**
1.4 CITY-ST-ZIP **Destin, FL 32541**
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS **2206 Shoreline**
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 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 unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE **1/23/95**
Signature, typed or printed name of signing officer or director