

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.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N35830 (1)
 1. Corporation Name

GTE SUNCOAST CLASSIC ASSOCIATION INC.



Principal Place of Business: **18002 N. DALE MABRY 2ND FLOOR TAMPA FL 33618**
 Mailing Address: ***CHARLES BAGBY 201 E. KENNEDY BLVD., SUITE 1200 TAMPA FL 33602**

3. Date Incorporated or Qualified: **12/27/1989**
 3a. Date of Last Report: **05/01/1995**
 4. FEI Number: **59-3151363**
 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

2. Principal Place of Business
 21. Suite, Apt. #, etc.
 22. City & State
 23. Zip
 24. Country

2a. Mailing Address
 26. Suite, Apt. #, etc.
 27. City & State
 28. Zip
 29. Country

9. Name and Address of Current Registered Agent
BAGBY, CHARLES 201 E. KENNEDY BLVD SUITE 1200 TAMPA FL FL 33602

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: **FL**

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)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BENNETT, JAMES	
STREET ADDRESS	P.O. BOX 110, FLTC 0605 N/A	
CITY-ST-ZIP	TAMPA FL 33601	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	REEVES, ALLEN	
STREET ADDRESS	11333 N FLORIDA AVE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BAGBY, CHARLES	
STREET ADDRESS	201 E. KENNEDY BLVD., SUITE 1200	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	C	<input type="checkbox"/> DELETE
NAME	DAKS, PETE	
STREET ADDRESS	P.O. BOX 110, FLTC 0100 N/A	
CITY-ST-ZIP	TAMPA FL 33601	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BURROWS, MARILYN	
STREET ADDRESS	P O BOX 110, FLTC 0788 N/A	
CITY-ST-ZIP	TAMPA FL 33601	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ALEXANDER, BOB	
STREET ADDRESS	P.O. BOX 110, FLTC N/A	
CITY-ST-ZIP	TAMPA FL 33601	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JACK CRITCHFIELD	
1.3 STREET ADDRESS	P.O. BOX 33042, N/A	
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33733	
2.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SKIP DAVIS	
2.3 STREET ADDRESS	738 DOWNS AVENUE	
2.4 CITY-ST-ZIP	TAMPA, FL 33617	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JIM IVEY	
3.3 STREET ADDRESS	101 E. KENNEDY BLVD., SUITE 1600	
3.4 CITY-ST-ZIP	TAMPA, FL 33602	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PAUL KING	
4.3 STREET ADDRESS	12271 97TH AVENUE NORTH	
4.4 CITY-ST-ZIP	SEMINOLE, FL 34642	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DICK MARTIN	
5.3 STREET ADDRESS	P.O. BOX 42025, N/A	
5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33742-4025	
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 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: *Charles L. Bagby* 6/6/96 (813) 273-8336
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 CHARLES L. BAGBY Date Daytime Phone #

CR2E037 (3/96)