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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45937** (2)

1. Corporation Name

SPORTING CLAYS OF TAMPA BAY, INC.

Principal Place of Business

Mailing Address

**15720 APACHE DR
THONOTOSASSA FL 33592
US**

**PO BOX 16990
TEMPLE TERRACE FL 33687
US**

3. Date Incorporated or Qualified

11/08/1991

4. FEI Number

59-3093851

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HILLIARD, SAM
8959 MAGNOLIA CHASE CIRCLE
TAMPA FL 33647**

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P/D ☒ DELETE

NAME **SARRINE, EDWARD DR.**
STREET ADDRESS **10321 RECLINATA LANE**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE DVP ☒ DELETE

NAME **NEWMAN, HERB**
STREET ADDRESS **316 GLEN BURNIE**
CITY-ST-ZIP **TEMPLE TERRACE FL**

TITLE S/D ☒ DELETE

NAME **CRANE, JOHN**
STREET ADDRESS **2111 W. WATROUS AVE.**
CITY-ST-ZIP **TAMPA FL 33608**

TITLE D/T ☒ DELETE

NAME **SAWYERS, JEFF**
STREET ADDRESS **351 LOUIS EDWARD CT**
CITY-ST-ZIP **LAKE LAND FL**

TITLE PD ☒ DELETE

NAME **HILLIARD, SAM**
STREET ADDRESS **8959 MAGNOLIA CHASE CIRCLE**
CITY-ST-ZIP **TAMPA FL**

TITLE VPD ☒ DELETE

NAME **VANDERHOOK, RICHARD**
STREET ADDRESS **6709 LARIMER DR**
CITY-ST-ZIP **TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES/D ☒ Change ☐ Addition

1.2 NAME **HILLIARD, SAM**
1.3 STREET ADDRESS **8959 MAGNOLIA CHASE CIRCLE**
1.4 CITY-ST-ZIP **TAMPA, FLORIDA 33647**

2.1 TITLE VICE PRES/D ☒ Change ☐ Addition

2.2 NAME **VANDERHOOK, RICHARD**
2.3 STREET ADDRESS **4435 AVE CANNES**
2.4 CITY-ST-ZIP **LUTZ, FLORIDA 33549**

3.1 TITLE SEC/D ☒ Change ☐ Addition

3.2 NAME **GRABILL, JOHN B.**
3.3 STREET ADDRESS **321 FERN CLIFF**
3.4 CITY-ST-ZIP **TEMPLE TERRACE, FL 33687**

4.1 TITLE TREAS/D ☒ Change ☐ Addition

4.2 NAME **SEMAGO, JOHN**
4.3 STREET ADDRESS **740 S. DAVIS BLVD**
4.4 CITY-ST-ZIP **TAMPA, FL 33606**

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 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, on an attachment with an address.

SIGNATURE

J. B. GRABILL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/98

813-989-9104

Date

Daytime Phone #

CR2E037 (10/97)