FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 2:05

DOCUMENT # N93000005775 (2)

1. Corporation Name
CAMPTOWN FIGHTING GATOR CLUB, INC.

Principal Place of Business	Mailing Address
2770 NORTH OCEANSIDE BLVD. BEVERLY BEACH FL 32136	P.O. BOX 282 FLGLER BEACH FL 32136

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1993
3a. Date of Last Report: 06/14/1994
4. FEI Number: 59-3215970 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

TAYLOR, CLIFFORD A
507 E. MOODY BLVD.
BUNNELL FL 32110

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DIRECTOR ☑ Change ☐ Addition
NAME	COMEAU, RICHARD	1.2 NAME	
STREET ADDRESS	5 WINWARD DRIVE	1.3 STREET ADDRESS	TAYLOR, CLIFFORD A.
CITY-ST-ZIP	BEVERLY BEACH FL 32136	1.4 CITY-ST-ZIP	507 E. MOODY BLVD. BUNNELL, FL 32110
TITLE	D	2.1 TITLE	DIRECTOR ☑ Change ☐ Addition
NAME	LORE, JIM	2.2 NAME	
STREET ADDRESS	2041 HOVINGTON CIRCLE	2.3 STREET ADDRESS	LESLIE MARTIN
CITY-ST-ZIP	JACKSONVILLE FL 32246	2.4 CITY-ST-ZIP	700 GLADWIN AVE FERN PARK, FL 32739
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MCLAUGHLIN, PEGGY	3.2 NAME	
STREET ADDRESS	P.O. BOX 510162 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32951	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	COLEMAN, CHARLIE	4.2 NAME	
STREET ADDRESS	166 OAKWOOD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WAYNE NJ 07470	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BYRNE, CHARLIE	5.2 NAME	
STREET ADDRESS	203 MONITOR DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY BEACH FL 32136	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	DONNER, DAX	6.2 NAME	
STREET ADDRESS	P.O. BOX 1574 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BEACH FL 32136	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)(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, or on an attachment with an address.

SIGNATURE: _____ DAX DONNER 2/7/95 439-3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023044