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

FILED
96 SEP -6 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005775 (2)

1. Corporation Name

CAMPTOWN FIGHTING GATOR CLUB, INC. Amended

Principal Place of Business	Mailing Address
34810 BARGER CT.	34810 BARGER CT.
LEESBURG, FL. 34788	LEESBURG, FL. 34788

3. Date Incorporated or Qualified: 12/27/1993
3a. Date of Last Report: 2/7/1996

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 24 / Country 25	Zip 29 / Country 30

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

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [X] No

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: THEOBALD NORMA K
82 Street Address (P.O. Box Number is Not Acceptable): 34810 BARGER CT.
83
84 City: LEESBURG, FL 85 Zip Code: 34788

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: Norma K. Theobald

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	[X] DELETE	1.1 TITLE	PRESIDENT	[X] Change [ ] Addition
NAME	TAYLOR, CLIFFORD D		1.2 NAME	HOONE, BERNIE	
STREET ADDRESS	507 E MOODY BLVD		1.3 STREET ADDRESS	P. O. BOX 1331 N/A	
CITY-ST-ZIP	~~BUNNELL FL 32110~~		1.4 CITY-ST-ZIP	~~TAVARES, FL. 32778~~	
TITLE		[X] DELETE	2.1 TITLE	V. PRESIDENT	[X] Change [ ] Addition
NAME	MARTIN LESLIE		2.2 NAME	THATCHER, RALPH	
STREET ADDRESS	700 GLADWIN AVE		2.3 STREET ADDRESS	26235 TROON AV	
CITY-ST-ZIP	FERN PARK, FL		2.4 CITY-ST-ZIP	~~SORRENTO, FL 32776~~	
TITLE	D	[X] DELETE	3.1 TITLE	SECRETARY	[X] Change [ ] Addition
NAME	COLEMAN, CHARLIE		3.2 NAME	TAYLOR, LINDA	
STREET ADDRESS	166 OAKWOOD DR		3.3 STREET ADDRESS	P.O. BOX 213 N/A	
CITY-ST-ZIP	WAYNE, NJ 07470		3.4 CITY-ST-ZIP	OKAHUMPKA, FL 34762	
TITLE	D	[X] DELETE	4.1 TITLE	TREASURER	[X] Change [ ] Addition
NAME	BYRNE, CHARLIE		4.2 NAME	THEOBALD NORMA K	
STREET ADDRESS	203 MONITOR DR		4.3 STREET ADDRESS	34810 BARGER CT	
CITY-ST-ZIP	BEVERLY BCH, FL 32136		4.4 CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	D	[X] DELETE	5.1 TITLE		[X] Change [ ] Addition
NAME	DONNER, DAX		5.2 NAME		
STREET ADDRESS	P. O. BOX 1574 N/A		5.3 STREET ADDRESS	600001956976	
CITY-ST-ZIP	~~FLAGLER BEACH, FL. 32136~~		5.4 CITY-ST-ZIP	-09/25/96--01092--019	
TITLE		[ ] DELETE	6.1 TITLE	*****61.25 ******61.25	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	DB 9-16-96	

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)(x), 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: Bernie A. Hoone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BERNIE A HOONE

Date: 9-3-96 Daytime Phone #: 352-669-8889

CR2E037 (12/95)