FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999 /2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP 29 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005775

1. Corporation Name

CAMPTOWN FIGHTING GATOR CLUB, INC.

Principal Place of Business / Mailing Address

CAMPTOWN FIGHTING GATOR CLUB, INC.
605 St. Augustine South Drive
St. Augustine, FL 32086

2. Principal Place of Business
21 605 St. Augustine So. Dr.
Suite, Apt. #, etc.
22
City & State
23 St. Augustine, FL
Zip / Country
24 32086 25 USA

2a. Mailing Address
26 605 St. Augustine So. Dr.
Suite, Apt. #, etc.
27
City & State
28 St. Augustine, FL
Zip / Country
29 32086 30 USA

3. Date Incorporated or Qualifed
12/27/1993

4. FEI Number
59-3215970
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

Estela DuPont
2236 Shore Drive
St. Augustine, Fl 32086

10. Name and Address of New Registered Agent

81 Name: Ludy Beaver
82 Street Address (P.O. Box Number is Not Acceptable): 605 St. Augustine South Drive
83
84 City: St. Augustine **FL** 85 Zip Code: 32086

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: LUDY BEAVER (Signature, typed or printed name of registered agent and title if applicable.) Ludy Beaver (NOTE: Registered Agent signature required when reinstating) DATE: 09/20/1999

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Ludy Beaver 605 St. Augustine South DRive St. Augustine, FL 32085	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President / Directors Lisa Brown 27315 Popiel Road Brooksville, Fl 34602	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Victor Podejko 7641 Sunwood Drive Jacksonville, Fl	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice President / Director Victor Podejko 7641 Sunwood Drive Jacksonville, Fl 32256	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Estela Dupont 2236 Shore Drive St. Augustine, Fl 32086	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Secretary / Directors Ludy Beaver 605 St. Augustine South Drive St. Augustine, Fl 32086	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasure Bernie Hoone P.O. Box 1331 Tavares, Fl 32778	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Treasure / Directors Bernie Hoone P.O. Box 1331 Tavares, Fl 32778	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	A00000300754[illegible] -100679--01074--005 *****65.00 *****65.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ludy Beaver LUDY BEAVER 9-20-1999 904-797-3805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

as per conversation w/ Ludy Beaver 9-30-99