

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
ALL
FILED

20 MAY 11 11 09:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000203 (9)

1. Corporate Name

R.L. TURNER BASEBALL, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1002 W. 23RD STREET
SUITE 400
PANAMA CITY FL 32405

Mailing Address: 1002 W. 23RD STREET
SUITE 400
PANAMA CITY FL 32405

3. Date Incorporated or Qualified 01/07/1994

3a. Date of Last Report

4. FEI Number 59-3217806

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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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

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

HENRY, ROBERT F III
1002 W. 23RD STREET
SUITE 400
PANAMA CITY FL 32405

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

Signature of Registered Agent (If agent is not the corporation, the signature of the agent must be accompanied by a power of attorney or other document authorizing the agent to act on behalf of the corporation.)

Signature of Registered Agent (If agent is not the corporation, the signature of the agent must be accompanied by a power of attorney or other document authorizing the agent to act on behalf of the corporation.)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	HENRY, ROBERT F III
STREET ADDRESS	1109 AMHERST ROAD
CITY, ST, ZIP	PANAMA CITY FL 32405
TITLE	D
NAME	CROWN, BOBBI
STREET ADDRESS	2121 HARRISON AVE., L-2
CITY, ST, ZIP	PANAMA CITY FL 32405
TITLE	D
NAME	WELCH, STANLEY
STREET ADDRESS	2954 WOODCREST DRIVE
CITY, ST, ZIP	PANAMA CITY FL 32405
TITLE	D
NAME	GILBERT, REGGIE
STREET ADDRESS	3143 WOODVALLEY ROAD
CITY, ST, ZIP	PANAMA CITY FL 32405
TITLE	D
NAME	MACLEAN, SCOTT
STREET ADDRESS	2916 MARRON DRIVE
CITY, ST, ZIP	PANAMA CITY FL 32405
TITLE	D
NAME	OGBURN, RICHARD
STREET ADDRESS	4026 MILANO ROAD
CITY, ST, ZIP	PANAMA CITY FL 32405

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	COOPER, JOHN
33 STREET ADDRESS	2648 FEROL LANE
34 CITY, ST, ZIP	LYNN HAVEN, FL 32444
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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 612, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF FILING OFFICER OR DIRECTOR

4/28/95 (904) 769 8981