## FILE NOW: FILING FEE IS \$61.25

NÖNPROFIT CQRPORÁTION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary-of State\*
DIVISION OF CORPORATIONS

1996

DOCUMENT # N9400000203 (9)

R.L. TURNER BASEBALL, INC.

Principal Place of Business  Mailing Address  Mailing Address  Mailing Address  Mailing Address  Mailing Address  Lynn Ferol Language W. 2380 etheet 2648  SUITE 400  PANNINA CITY FL 32405 Lynn Haven I PANNINA CITY FL 32405 Lynn FL  Suffer Company						 	. 88(4) 68(4) 88(4) 88(4)	11(1) 160 160
						الألفالة الألفال عديرة		
Principal Place	of Business		Mailing Address	- 1 100	ONO		84(1) 85(1); A8(1) 48(1) (18(1)	46146 1111 1831
1002 W. 238	DISTREET 2 LUI	es Terrol L	a 19 9002 W. 2380-811	EEL JOHN I	Howe	Miner		
SUITE 400	TY EL 22406	LLINON	SUITE 400	our Lynn	CL	32111		
PANAMA CITY FL 32406 LYNN HONON PANAMA CITY FL 32406						3. Date Incorporated or Qualified 3a. Date of Last Report		
A Dringing Di	and of Dunings	F- 32	2a Mailing Address			01/07/1994	05/01/19	
2. Principal Place of Business 21			2a. Mailing Address			59-3217806		pplied For lot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			\$8.75 Additional		
22			27			5. Certificate of Status Desired Fee Required		
City & State	9		City & State			6. Election Campaign Financing		) May Be
3			70 Country			Trust rand Continuation Added to rees		
Zip 24	ip Country		Zip Country			B. This corporation has liability for intangible tax under s. 199.032,     Florida Statutes		
<u></u>		ddress of Current				10. Name and Address of New Registered Agent		
81 Name 1								
HENRY, ROBERT FIII JOHN Cooper 1002 W. 23RD STREET 2648 Ferol Lane 83						SS (P.O. Box Number is Not Acceptable	e)	
	1002 W. 23RD STREET			a. [1]	26	048 FEROL LANE		
SUITE 400 2648 Lero ( Lane 83							•	
	A CITY FL 32405	Lynr	Haven, Fl	84 0	ity 1		<b>85</b> Zip	Code
		•	32	<del>,444</del>	LY	nn Haven	FL     3;	2444
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 accord the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE	/ COX	1X 1'a	sa-			1	5.17	
Suffailur (typed of this has disregistered ages and they applicable. (NOTE: Registered Agent signature required when reinstating): DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS*CHANGES TO OFFICERS AND DIRECTORS IN 12								
TITLE	D	OT TOLITO THE	DELETE	11 TITLE	TQ.	GASURETL .	Change	Addition
NAME	HENRY, ROB	ERT F III		1 2 NAME	Ev	and L. Schreicia	مر	
STREET ADDRESS	1109 AMHER			1 3 STREET ADD	RESS 24	and L. Stevenia 514 Pembroke D	2	
CITY-ST-ZIF	PANAMA CIT	Y FL 32405		14 CITY-ST-Z	P	nama city F	1 32405	
TITLE	D		DELETE	2 1 TITLE	•		Change	☐ Addition
NAME	CROWN, BOB			2.2 NAME	Ì			
STREET ADDRESS	2121 HARRIS	•		2 3 STREET ADD	IRESS			
CITY-ST-ZIP	PANAMA CIT	Y FL 32405	DELETE	2 4 CITY - ST - Z	IP		☐ Change	Addition
TITLE	D D	LAKI	Preceie	3.1 TITLE			Change	☐ Addition
NAME STREET ADDRESS	COOPER, JO 2648 FEROL			3.2 NAME 3.3 STREET ADD	DRESS			İ
CITY-ST-ZIP	LYNN HAVEN			3.4. CITY-ST-2				
TITLE	D	116	DELETE	41 TITLE *	-		☐ Change	Addition
NAME	GILBERT, RE	GGIE		4 2 NAME				
STREET ADDRESS	l			4.3 STREET ADD	RESS			
CITY-ST-ZIP	PANAMA CIT			4.4 DITY-ST-Z	Р			
TITLE	D		DELETE	51 TITLE `		10000182 -05/16/96011	フローーロスン こつ 二 田 CMFude	Addition Addition
NAME	MACLEAN, S			5 2 NAME		***61.25	00 036	
STREET ADDRESS	2916 MARRO			5 3 STREET ADI		. ~~~U1.€C3⊹		
CITY-ST-ZIP	PANAMA CIT	Y FL 32405	Pariete	5 4 CITY - ST - Z	IP.		Chanca	. \ ddiloo
TITLE	D	0114DD	DELETE	6.1 TITLE			☐ Change	
NAME	OGBURN, RIC			6 2 NAME	ADECC			0
STREET ADDRESS	4026 MILANO PANAMA CIT			63 STREET ADD			$\sim$ $\sim$ $\sim$	,
14. I do herel	j FARAMA UII by certify that the inf	r r J2403 ormation supplied w	ith this filing is voluntarily	64 CITY-ST-Z furnished and does n	ot qualify for	r the exemption stated in Section 119.	07(3)(k), Florida Status	as Harther
certify the	at the information inc	licated on this annu-	report or supplemental	annual report is true a	and accurate	e and that my signature shall have the report as required by Chanter 612. Fla	same legal effect <b>a</b> s if orida Statutes: and ina	made under it my name
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)(k). Florida Startuss - Fdrither 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 or an attachment with an address.								

SIGNATURE:

PED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

6 904-785-6700