

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

DOCUMENT # N94000000203 (9)

1. Corporation Name

R.L. TURNER BASEBALL, INC.



Principal Place of Business

Mailing Address

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

*2648 Ferol Lane
Lynn Haven, FL 32444*

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified

01/07/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3217806

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

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

*John Cooper
2648 Ferol Lane
Lynn Haven, FL
32444*

10. Name and Address of New Registered Agent

81 Name

JOHN COOPER

82 Street Address (P.O. Box Number is Not Acceptable)

2648 FEROL LANE

83

84 City

Lynn Haven

FL

85 Zip Code

32444

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 officer 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

[Signature]

Signature typed or printed name of registered agent and title, if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> DELETE
D	HENRY, ROBERT F III	1109 AMHERST ROAD	PANAMA CITY FL 32405	<input checked="" type="checkbox"/>
D	CROWN, BOBBI	2121 HARRISON AVE., L-2	PANAMA CITY FL 32405	<input checked="" type="checkbox"/>
D	COOPER, JOHN	2648 FEROL LANE	LYNN HAVEN FL	<input type="checkbox"/>
D	GILBERT, REGGIE	3143 WOODVALLEY ROAD	PANAMA CITY FL 32405	<input type="checkbox"/>
D	MACLEAN, SCOTT	2916 MARRON DRIVE	PANAMA CITY FL 32405	<input type="checkbox"/>
D	OGBURN, RICHARD	4026 MILANO ROAD	PANAMA CITY FL 32405	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TREASURER	FRANK L. STRICKLAND	2614 Pembroke DR	Panama City, FL 32405	<input checked="" type="checkbox"/>
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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 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 in an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96 904-785-6700

Date

Daytime Phone #

CR2E037 (12/95)