SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

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

3. Date Incorporated or Qualified: 01/07/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 2614 Pembroke DR
22 Suite, Apt. #, etc.:
23 City & State: Panama City, FL
24 Zip: 32405
25 Country:

2a. Mailing Address
26: SAME
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 59-3217806 ☐ 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 ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Frank L. STRICKLAND
82 Street Address (P.O. Box Number is Not Acceptable): 2614 Pembroke DR
83:
84 City: Panama City FL 85 Zip Code: 32405

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: F. L. Strickland — 8/1/96
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	D	☒ DELETE
NAME	HENRY, ROBERT F III	
STREET ADDRESS	1109 AMHERST ROAD	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	☒ DELETE
NAME	CROWN, BOBBI	
STREET ADDRESS	2121 HARRISON AVE., L-2	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	☐ DELETE
NAME	COOPER, JOHN	
STREET ADDRESS	2648 FEROL LANE	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE	D	☐ DELETE
NAME	GILBERT, REGGIE	
STREET ADDRESS	3143 WOODVALLEY ROAD	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	☐ DELETE
NAME	MACLEAN, SCOTT	
STREET ADDRESS	2916 MARRON DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	☐ DELETE
NAME	OGBURN, RICHARD	
STREET ADDRESS	4026 MILANO ROAD	
CITY-ST-ZIP	PANAMA CITY FL 32405	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
1.2 NAME	LARRY CARROLL	
1.3 STREET ADDRESS	3311 S. HARBOR DR	
1.4 CITY-ST-ZIP	Panama City, FL 32405	
2.1 TITLE	TREASURER	☐ Change ☒ Addition
2.2 NAME	FRANK STRICKLAND	
2.3 STREET ADDRESS	2614 PEMBROKE DR	
2.4 CITY-ST-ZIP	Panama City, FL 32405	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	700001919074	
6.3 STREET ADDRESS	-08/12/96--01032--048	
6.4 CITY-ST-ZIP	***61.25	

CR2E037 (3/96)

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)(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.

SIGNATURE: F. L. Strickland — 7/18/96 — 8/5
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #