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**NONPROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9400000203

R.L. TURNER BASEBALL, INC.

Principal Place	of Business	Mailing Address	-					•		
602 WOOD TRAIL PANAMA CITY FL 32405		602 WOOD TRAIL PANAMA CITY FL 32405								
US		US .				, 1 ( <b>45</b> )(15) 415 (41)) 416 (1 46)		111 20112 (1211 agis	10 1111 1501	
		2a. Mailing Address				Date Incorporated or Qualifect	<u> </u>			
2. Principal Place of Business		<del>-</del>				01/07/1994				
21	# 010	Suite, Apt. #, etc.				4. FEI Number		App	lied For	.,1
Suite, Apt. i	#, etc.	27				59-3217806		Not	Applicable	33
City & State		City & State				5 0 III 4 Chabas Desired		\$8.75 Ad	iditional	
23		28				Certifcate of Status Desired		Fee Req	uired	
Zip	Country	Zip	Cou	intry		6. Election Campaign Financing		\$5.00 N		
24	25	29	30			Trust Fund Contribution		Added to	Fees	
	9. Name and Address of Current	Registered Agent		<u> </u>		10. Name and Address of New	Registered	Agent		
		4.		81 N	ame	•				
STRICKI AL	ND; FRANK L			82 St	treet Addres	ss (P.O. Box Number is Not Accep	table)			
602 WOOI										
	CITY FL 32405			83				•		
				84 Ci	ity			85 Zip C	ode	
				i 1		in the same of the	<u> Г. L</u>	<u> </u>	ne un test	
ion in		27 9		<u>1 L</u>		4 4 4				
11, Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statut	es, the a	bove-na	amed corporation	ration submits this statement for the	e purpose of opt the appoi	ntment as reg	istered	
	to the provisions of Sections 617.0502 egistered agent, or both, in the State our familiar with, and accept the obligation				amed corporation	ration submits this statement for the statement of the statement of directors. I hereby according to the statement of the sta	e purpose of ept the appoi	changing its i	istered	
agent. I a	registered agent, or both, in the state of im familiar with, and accept the obligation	ons of, Section 617.0503, Flo	rida Stat	tutes.		D. St. C. S. T. C. S. S. S. S. S.	[ 6a': 080 57	changing its i	egistered istered is equilibria	<b>≅</b>
agent. I a	egistered agent, or both, in the State of the familiar with, and accept the obligation of the state of the st	ons of, Section 617.0503, Flo and title if applicable. (NOTE	rida Stat	tutes.		when reinstating)	DATE	(1. 15 . 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(86)
signature 12.	registered agent, or both, in the state of im familiar with, and accept the obligation	ons of, Section 617.0503, Flo and title if applicable. (NOTE ) DIRECTORS	Registered	Agent sign		when reinstating)  ADDITIONS/CHANGES TO O	DATE	(1. 15 . 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(11/98)
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	egistered agent, or both, in the state of m familiar with, and accept the obligation of familiar with a comparison	and title if applicable. (NOTE  Directors  DELETE	Registered 13. 1.1 T 1.2 N 1.3 S 1.4 C	Agent sign  TLE  IME  TREET ADD  TTY-ST-ZIP	nature required	when reinstating)  ADDITIONS/CHANGES TO O	DATE	ND DIRECTOR	RS IN 12	CR2E037 (11/98)
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6.4 CITY-ST-ZIP 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 attachypent with an address, with all other like empowered. CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

TITLE

STREET ADDRESS

DELETE

**FILED** 

Feb 13, 1999 8:00am

**Secretary of State** 

02-13-1999 90029 048 \*\*\*\*61.25