

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 # N95000002890 (0)

1. Corporation Name
 THE TALLAHASSEE TIGER SHARK FAN CLUB, INCORPORATED



Principal Place of Business: P.O. BOX 3812, TALLAHASSEE FL 32315
 Mailing Address: P.O. BOX 3812, TALLAHASSEE FL 32315

3. Date Incorporated or Qualified: 06/19/1995
 3a. Date of Last Report
 4. FEI Number: 59-3337537
 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

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country
 25
 26 Mailing Address
 27 Suite, Apt. #, etc.
 28 City & State
 29 Zip
 30 Country

9. Name and Address of Current Registered Agent
 NOBLES, ALLEN K
 2799 A.J. HENRY PARK DR.
 TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent
 81 Name: CAROL SWEET
 82 Street Address (P.O. Box Number is Not Acceptable): 505 WEST PENSACOLA #1
 83 TALLAHASSEE TIGER SHARK FAN CLUB
 84 City: TALLAHASSEE FL 85 Zip Code: 32301

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: Carol H Sweet
 CAROL H SWEET TREASURER 7-8-96
 DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BAZZELL, MITZ	
STREET ADDRESS	510 LIVE OAK LANE	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	WARTENBERG, LINLEY	
STREET ADDRESS	RT. 5 BOX 54	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	SWEET, CAROL	
STREET ADDRESS	2311 JIM LEE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	NOBLES, ALLEN	
STREET ADDRESS	2799 A.J. HENRY PARK DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CULPEPPER, ROBERT	
STREET ADDRESS	1555 12 AVE. N.W.	
CITY-ST-ZIP	CAIRO GA 31728	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WAAS, GEORGE L	
STREET ADDRESS	3797 SALLY LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LINLEY WARTENBERG	
1.3 STREET ADDRESS	RTS BOX 54	
1.4 CITY-ST-ZIP	HAVANA FL 32333	
2.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KIM SPROUL	
2.3 STREET ADDRESS	2329 BRUN MAHR LADE	
2.4 CITY-ST-ZIP	TALLAHASSEE FL 32303	
3.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SONJA HATMAKER	
3.3 STREET ADDRESS	37 SUMMER LADE	
3.4 CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
4.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CAROL SWEET	
4.3 STREET ADDRESS	6715 ALAN A DALE TRAIL	
4.4 CITY-ST-ZIP	TALLAHASSEE FL 32308	
5.1 TITLE	ID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BETSY SAUNDERS	
5.3 STREET ADDRESS	2903 SHAMROCK SOUTH	
5.4 CITY-ST-ZIP	TALLAHASSEE FL 32308	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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 on an attachment with an address.

SIGNATURE: Carol H Sweet
 CAROL H SWEET 7-8-96 9049224529
 DATE Daytime Phone #

CR2E037 (3/96)