

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ARTIFICIAL WEIR

1995



FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
J. B. BUCHANAN, JR.

APPROVED  
AND  
FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 642210

(9)

SIDELINE VENTURES, INC.

DO NOT WRITE IN THIS SPACE

|                                                                       |  |                                                                           |  |
|-----------------------------------------------------------------------|--|---------------------------------------------------------------------------|--|
| 1. Principal Office Address                                           |  | 2a. Mailing Address                                                       |  |
| 2813 SHAMROCK N.<br>TALLAHASSEE FL 32308-2231                         |  | 2813 SHAMROCK N.<br>TALLAHASSEE FL 32308-2231                             |  |
| 3. Date of Incorporation                                              |  | 3a. Date of Last Report                                                   |  |
| 10/18/1979                                                            |  | 04/19/1994                                                                |  |
| 4. FID Number                                                         |  | Applied For                                                               |  |
| 59-1951925                                                            |  | Not Applicable                                                            |  |
| 5. Certificate of Status Desired                                      |  | \$8.75 Additional Fee Required                                            |  |
| <input type="checkbox"/>                                              |  | <input type="checkbox"/>                                                  |  |
| 6. Election Campaign Financing                                        |  | \$5.00 May Be Added to Fees                                               |  |
| Trust Fund Contribution                                               |  | <input type="checkbox"/>                                                  |  |
| 7. This corporation has liability for a corporate officer or director |  | Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 24                                                                    |  | 25                                                                        |  |
| 26                                                                    |  | 27                                                                        |  |
| 28                                                                    |  | 29                                                                        |  |
| 30                                                                    |  | 31                                                                        |  |

|                                                               |  |                                                        |  |
|---------------------------------------------------------------|--|--------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent               |  | 10. Name and Address of New Registered Agent           |  |
| ASSENDERSP, KEN VAN<br>225 S ADAMS ST<br>TALLAHASSEE FL 32302 |  | STE 200                                                |  |
| 81. Name                                                      |  | 82. Street Address (P.O. Box Number is Not Acceptable) |  |
| 83. City                                                      |  | 84. State                                              |  |
| 85. Zip Code                                                  |  | FL                                                     |  |

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation satisfies the statement for the purpose of filing the required office or registers report as set forth in the State of Florida Statutes and that the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and I hereby accept the obligations of a registered agent as set forth in the Florida Statutes.

SIGNATURE \_\_\_\_\_

|                            |                   |                                                              |  |
|----------------------------|-------------------|--------------------------------------------------------------|--|
| 12. OFFICERS AND DIRECTORS |                   | 13. ADDITIONAL CHANGES TO THE LIST OF OFFICERS AND DIRECTORS |  |
| NAME                       | PD BOWDEN, ROBERT | NAME                                                         |  |
| STREET ADDRESS             | 2813 SHAMROCK N.  | STREET ADDRESS                                               |  |
| CITY                       | TALLAHASSEE FL    | CITY                                                         |  |
| NAME                       | SD BOWDEN, ANN    | NAME                                                         |  |
| STREET ADDRESS             | 2813 SHAMROCK N.  | STREET ADDRESS                                               |  |
| CITY                       | TALLAHASSEE FL    | CITY                                                         |  |
| NAME                       |                   | NAME                                                         |  |
| STREET ADDRESS             |                   | STREET ADDRESS                                               |  |
| CITY                       |                   | CITY                                                         |  |
| NAME                       |                   | NAME                                                         |  |
| STREET ADDRESS             |                   | STREET ADDRESS                                               |  |
| CITY                       |                   | CITY                                                         |  |
| NAME                       |                   | NAME                                                         |  |
| STREET ADDRESS             |                   | STREET ADDRESS                                               |  |
| CITY                       |                   | CITY                                                         |  |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 119.05, 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 liquidator empowered to make the report as required by Chapter 689, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attached sheet with my address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/95

644-0097