FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 17 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **722369** **(6)**

1. Corporation Name
BUCHHOLZ BAND BOOSTERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5510 N.W. 27TH AVE. GAINESVILLE FL 32606-6405	5510 N.W. 27TH AVE. GAINESVILLE FL 32606-6405

3. Date Incorporated or Qualified: 01/03/1972
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-0217165 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RICHARD FRYE
3657 NW 41ST
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

81 Name: Paula Thornton
82 Street Address (P.O. Box Number is Not Acceptable): 5510 NW 27th Ave
83
84 City: Gainesville FL 85 Zip Code: 32606

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Paula E. Thornton — 4-11-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	11 TITLE		☐ Change ☐ Addition
NAME	ALLEN BRUCE	12 NAME		
STREET ADDRESS	2116 SW 76TH TERRACE	13 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP		
TITLE	TD	21 TITLE		☐ Change ☐ Addition
NAME	LAHMAN, JERRY	22 NAME		
STREET ADDRESS	3110 N.W. 67TH PLACE	23 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	CALFEE, PEGGY	32 NAME		
STREET ADDRESS	10001 SW 13TH PL	33 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	34 CITY-ST-ZIP		
TITLE	PD	41 TITLE	PD	☒ Change ☐ Addition
NAME	LYONS, JIM	42 NAME	Childs, Ginger	
STREET ADDRESS	5816 NW 26TH ST	43 STREET ADDRESS	9303 SW 53rd Lane	
CITY-ST-ZIP	GAINESVILLE FL	44 CITY-ST-ZIP	Gainesville, Fl 32608	
TITLE	VPD	51 TITLE	VP D	☐ Change ☐ Addition
NAME	DESIMONE, RORY	52 NAME	Houston, Lois	
STREET ADDRESS	1016 NW 112TH TERR	53 STREET ADDRESS	601 NW 97th Terr.	
CITY-ST-ZIP	GAINESVILLE FL	54 CITY-ST-ZIP	Gainesville, Fl 32607	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Jerry Lahman — 4/12/95 — (904) 377-8512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000341