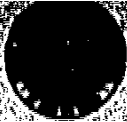


**CORPORATION
ANNUAL REPORT
1995**



Florida Department of State
Division of Corporations
Secretary of State

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY -1 AM 8:16

DOCUMENT # 725076 (4)

1. Corporation Name
SULPHUR SPRINGS LITTLE LEAGUE INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
P.O. BOX 82083 TAMPA FL 33682 US
P.O. BOX 82083 TAMPA FL 33682 US

3. Date Incorporated or Qualified **12/11/1972**
3a. Date of Last Report **09/30/1994**
4. FEI Number **59-2972902**
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **7601 N. 22nd ST.** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
City & State 27
Tampa, FL. 28
City & State
24 **33604** 25 **Hillsborough** 29
Zip Country Zip 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
**KENNING, PENNY
8712 N 48TH STREET
TAMPA FL 33617**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------------------------------|------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P KENNING, PENNY 8712 N 48TH STREET TAMPA FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V DEMPSEY, DEBORAH 327 W JEAN STREET TAMPA FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T BRANDON, LORI 327 W JEAN STREET TAMPA FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S LEWIS, ELIZABETH R 1707 E. ANNONA AVENUE TAMPA FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | PD Penny Kenning 7601 Con. Pl. Drive Tampa, FL 33637 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | T DEBORAH Dempsey, Deborah 327 W. Jean St. Tampa, FL 33604 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Penny Kenning* **Penny Kenning** 4-25-95 744-6230
Date (Type in Year #)

REMITTED BY MAY 1