

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 727075 (4)
1. Corporation Name
RIVER RATS BASS CLUB, INC.



Principal Place of Business: **4625 STONE RIDGE TRAIL, P.O. BOX 33, SARASOTA FL 34230-7033**
Mailing Address: **4625 STONE RIDGE TRAIL, P.O. BOX 33, SARASOTA FL 34230-7033**

3. Date Incorporated or Qualified: **07/30/1973**
3a. Date of Last Report: **02/17/1995**
4. FEI Number: **39-2679198**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$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 (21-24) and 2a. Mailing Address (25-28) fields with sub-headers for Suite, City & State, and Zip/Country.

9. Name and Address of Current Registered Agent: **CARLTON, DANIEL A., 1750 RINGLING BLVD., SARASOTA FL 33578**
10. Name and Address of New Registered Agent (81-85) fields.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: CREAGER, CHARLES	1.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 2467 WHIPPOORWILL CIR	CITY-ST-ZIP: SARASOTA FL	1.2 NAME: BROWN Robert	
	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS: 716 45th AVE W.	
		1.4 CITY-ST-ZIP: Bradenton FL 34207	
TITLE: VD	NAME: BROWN, KEVIN	2.1 TITLE: V.D.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 1527 HONORE AVE	CITY-ST-ZIP: SARASOTA FL	2.2 NAME: Reagan, Troy	
	<input checked="" type="checkbox"/> DELETE	2.3 STREET ADDRESS: 25420 ST RD. 70 E.	
		2.4 CITY-ST-ZIP: Muskegon City, FL. 34251	
TITLE: SD	NAME: DE LOCKLEAR	3.1 TITLE: TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 5714 AGUSTA CIR	CITY-ST-ZIP: SARASOTA FL	3.2 NAME: ROLAND W. ABBRECHT	
	<input checked="" type="checkbox"/> DELETE	3.3 STREET ADDRESS: 2679 NOVUS PLACE	
		3.4 CITY-ST-ZIP: SARASOTA, FL. 34237	
TITLE: TD	NAME: MILLER, TERRY	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 4625 STONE RIDGE TRAIL	CITY-ST-ZIP: SARASOTA FL	4.2 NAME:	
	<input checked="" type="checkbox"/> DELETE	4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE: VD	NAME: HELMUTH, RICK	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5408 D'ORSAY ST	CITY-ST-ZIP: SARASOTA FL	5.2 NAME:	
	<input checked="" type="checkbox"/> DELETE	5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		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: _____ DATE: **3-11-96** DAYTIME PHONE #: **941-753-1796**

CR2E037 (12/95)