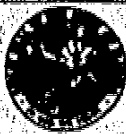


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 732169

(8)

1. Corporation Name

PANTHER BOOSTERS, INC.

Principal Place of Business

Mailing Address

807 ORANGE AVE.
P.O. BOX 643
EUSTIS FL 32726

807 ORANGE AVE.
P.O. BOX 643
EUSTIS FL 32726

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/17/1975

3a. Date of Last Report
08/10/1994

4. FEI Number
59-1613474

Applied For
☐ Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RHODES, ANNA
1100 PINE MEADOWS RD
EUSTIS FL 32726

81 Name **Howard Babb Jr.**

82 Street Address (P.O. Box Number is Not Acceptable)
19029 Lake Swatara

83

84 City **Eustis**

FL 85 Zip Code
32726

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/95

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	THOMPSON, JAY C
STREET ADDRESS	P.O. BOX 454 N/A
CITY-ST-ZIP	EUSTIS FL
TITLE	PD
NAME	BABB, HOWARD JR.
STREET ADDRESS	19029 LAKE SWATARA DR
CITY-ST-ZIP	EUSTIS FL
TITLE	D
NAME	PELFREY, ELIZABETH B
STREET ADDRESS	512 JACKSON ST
CITY-ST-ZIP	EUSTIS FL
TITLE	TD
NAME	RHODES, ANNA
STREET ADDRESS	38430 TIMBERLANE DR
CITY-ST-ZIP	UMATILLA FL
TITLE	S
NAME	HART, CAROL
STREET ADDRESS	27 COVE LN
CITY-ST-ZIP	EUSTIS FL
TITLE	S
NAME	THOMPSON, MARTHA A.
STREET ADDRESS	P.O. BOX 454 N/A
CITY-ST-ZIP	EUSTIS FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	AKULS, MAYA JANE
4.3 STREET ADDRESS	PO BOX 148 Grand Island.
4.4 CITY-ST-ZIP	EUSTIS, FLORIDA
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 14 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Type in Words)

4/19/95

(904) 483-3882