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 26 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 732169 (8)

1. Corporation Name
PANTHER BOOSTERS, INC.

Principal Place of Business	Mailing Address
907 ORANGE AVE. P.O. BOX 643 EUSTIS FL 32726	907 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 (21) | Suite, Apt. #, etc. (22) | City & State (23) | Zip (24) | Country (25)
2a. Mailing Address (26) | Suite, Apt. #, etc. (27) | City & State (28) | Zip (29) | Country (30)

9. Name and Address of Current Registered Agent

RHODES, ANNA
1100 PINE MEADOWS RD
EUSTIS FL 32726

10. Name and Address of New Registered Agent

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: Howard Babb Jr. 4/19/95
Signature, type 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	VD	1.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, JAY C	1.2 NAME		
STREET ADDRESS	P.O. BOX 454 N/A	1.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	BABB, HOWARD JR.	2.2 NAME		
STREET ADDRESS	19029 LAKE SWATARA DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	PELFREY, ELIZABETH B	3.2 NAME		
STREET ADDRESS	512 JACKSON ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	T.P.	☑ Change ☐ Addition
NAME	RHODES, ANNA	4.2 NAME	Aulls, Mary Jane	
STREET ADDRESS	38430 TIMBERLANE DR	4.3 STREET ADDRESS	P.O. Box 448 Grand Island.	
CITY-ST-ZIP	UMATILLA FL	4.4 CITY-ST-ZIP	Eustis, Florida	
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	HART, CAROL	5.2 NAME		
STREET ADDRESS	27 COVE LN	5.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL	5.4 CITY-ST-ZIP		
TITLE	S	6.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, MARTHA A.	6.2 NAME		
STREET ADDRESS	P.O. BOX 454 N/A	6.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL	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)(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: Howard Babb Jr. 4/19/95 (904) 483-3883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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