


FILE NOW: FILING FEE IS \$61.25

FILED  
May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **732286** (0)

1. Corporation Name

**PLANT CITY DOLPHIN FOOTBALL, INC.**

Principal Place of Business

Mailing Address

**2605 W. REYNOLDS ST.  
PO BOX 993  
PLANT CITY FL 33567-4127**

**2605 W. REYNOLDS ST.  
PO BOX 993  
PLANT CITY FL 33567-4127**

3. Date Incorporated or Qualified

**03/27/1975**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POLING, MARIE A  
1114 GARDEN ST  
PLANT CITY FL 33566**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

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	PD	<input type="checkbox"/> DELETE
NAME	<b>BENNETT, BUDDY</b>	
STREET ADDRESS	<b>1008 N. NANCY TERRACE</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33566</b>	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<b>BREWINGTON, DIANE</b>	
STREET ADDRESS	<b>5026 THONOTOSASSA RD</b>	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>STOREY, DAPHNE L.</b>	
STREET ADDRESS	<b>4306 W. JOE SANCHEZ RD</b>	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	
TITLE	TO	<input type="checkbox"/> DELETE
NAME	<b>POLING, MARIE</b>	
STREET ADDRESS	<b>1114 GARDEN ST</b>	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Jordan, Cathy</b>
2.3 STREET ADDRESS	<b>1308 E. Tomlin Street</b>
2.4 CITY-ST-ZIP	<b>Plant City, FL 33566</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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:

*[Signature]*

813 757 6696

CP2E037 (10/97)