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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:29

DOCUMENT # 748905 (7)

1. Corporation Name
HORNETS FOOTBALL, INC.

Principal Place of Business
1042 CYPRESS LAKE DRIVE
P O BOX 07131
FORT MYERS FL 33919

Mailing Address
1042 CYPRESS LAKE DRIVE
P O BOX 07131
FORT MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1979
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2477805 — Applied For / Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
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
DEFRANCO, TOM
13411 GATEWAY DR., #215
FT. MYERS FL 33919

10. Name and Address of New Registered Agent
81 Name: LEONARD PALMISANO
82 Street Address (P.O. Box Number is Not Acceptable): 728 ANCHOR DRIVE
83
84 City: SANIBEL FL 85 Zip Code: 33957

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] 3/17/95
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	1.1 TITLE	PLEASE REMOVE FROM LIST ☒ Change ☐ Addition
NAME	CARSON, DANNY	1.2 NAME	
STREET ADDRESS	15880 COUNTRY CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	PLEASE REMOVE FROM LIST ☒ Change ☐ Addition
NAME	CARSON, MARIE	2.2 NAME	
STREET ADDRESS	15880 COUNTRY CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	D ☒ Change ☐ Addition
NAME	DEFRANCO, TOM	3.2 NAME	DEFRANCO, TOM
STREET ADDRESS	13411 GATEWAY DRIVE	3.3 STREET ADDRESS	13411 GATEWAY DRIVE
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	FORT MYERS FL
TITLE		4.1 TITLE	PD ☐ Change ☒ Addition
NAME		4.2 NAME	COLEMAN, GREG ~~GREG COLEMAN~~
STREET ADDRESS		4.3 STREET ADDRESS	WINKLER DRIVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	FORT MYERS FL
TITLE		5.1 TITLE	TD ☐ Change ☒ Addition
NAME		5.2 NAME	PALMISANO, LEONARD ~~LEONARD PALMISANO~~
STREET ADDRESS		5.3 STREET ADDRESS	728 ANCHOR DRIVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	SANIBEL FL 33957
TITLE		6.1 TITLE	☐ Change ☐ 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 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 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] 3/17/95 275-3555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0050048