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 JAN 30 AM 9:44

DOCUMENT # 751304 (7)

1. Corporation Name
ARTHUR BORING CIVIC CENTER, INC.

Principal Place of Business	Mailing Address
REYNOLDS & EDWARDS STREETS P O DRAWER 1869 PLANT CITY FL 33564-8869	REYNOLDS & EDWARDS STREETS P O DRAWER 1869 PLANT CITY FL 33564-8869

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1980
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-6151219 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

REDMAN, JAMES L.
121 N. COLLINS STREET
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	VPD	☒ Change ☐ Addition
NAME	BERRY, ALFRED	1.2 NAME	BALLARD, TERRY	
STREET ADDRESS	504 SUNSET RD.	1.3 STREET ADDRESS	407 VIRGINIA AVE.	
CITY-ST-ZIP	PLANT CITY, FL 00000	1.4 CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE	D	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	CARLTON, HARRY S	2.2 NAME	MERRILL, J.D.	
STREET ADDRESS	603 W TEVER ST	2.3 STREET ADDRESS	606 S. EVERS ST.	
CITY-ST-ZIP	PLANT CITY, FL 00000	2.4 CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	VERNON, WILLIAM D.	3.2 NAME		
STREET ADDRESS	805 N WHEELER ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 00000	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	NEWSOME, JOE	4.2 NAME		
STREET ADDRESS	4005 THONOTOSASSA RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 00000	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	HOOPER, MCINTIRE	5.2 NAME		
STREET ADDRESS	702 N EVERS ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 00000	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	REDMAN, JAMES L	6.2 NAME		
STREET ADDRESS	121 N COLLINS STREET	6.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 00000	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: [signature] 1-26-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0082681