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FILED

Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751304 (7)

1. Corporation Name

ARTHUR BORING CIVIC CENTER, INC.

Principal Place of Business

Mailing Address

2202 W REYNOLDS ST
P O DRAWER 1869
PLANT CITY FL 33567
USP.O. DRAWER 1869
P O DRAWER 1869
PLANT CITY FL 33564-1869
US3. Date Incorporated or Qualified
02/28/19803a. Date of Last Report
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21 2202 W. REYNOLDS ST.

26 P. O. DRAWER 1869

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 PLANT CITY, FL

28 PLANT CITY, FL

Zip

Country

Zip

Country

24 33567

25 HILLSBOROUGH

29 33564-1869

30 HILLSBOROUGH

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REDMAN, JAMES L.
121 N. COLLINS STREET
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 ☐ DELETE
NAME BALLARD, TERRY
STREET ADDRESS 407 VIRGINIA AVE.
CITY-ST-ZIP PLANT CITY FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VPD ☐ DELETE
NAME MERRILL, J. D.
STREET ADDRESS 606 S. EVERS ST.
CITY-ST-ZIP PLANT CITY FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME VERNON, WILLIAM D.
STREET ADDRESS 805 N WHEELER ST
CITY-ST-ZIP PLANT CITY, FL 000003.1 TITLE ☐ Change ☒ Addition
3.2 NAME D
3.3 STREET ADDRESS ROLLYSON, ROLLY
3.4 CITY-ST-ZIP P. O. BOX 1536 2407 Karen Drive
PLANT CITY, FL 33564TITLE PD ☐ DELETE
NAME NEWSOME, JOE
STREET ADDRESS 4005 THONOTOSASSA RD
CITY-ST-ZIP PLANT CITY, FL 000004.1 TITLE ☒ Change ☐ Addition
4.2 NAME D
4.3 STREET ADDRESS NEWSOME, JOE
4.4 CITY-ST-ZIP 4005 THONOTOSASSA RD.
PLANT CITY, FL 33565TITLE TD ☐ DELETE
NAME HOOPER, MCINTIRE
STREET ADDRESS 702 N EVERS ST
CITY-ST-ZIP PLANT CITY, FL 000005.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME REDMAN, JAMES L
STREET ADDRESS 121 N COLLINS STREET
CITY-ST-ZIP PLANT CITY, FL 000006.1 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James L. Redman

813

1-9-97 751-6133

CR2E037 (9/96)