

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **751304**

(7)

1. Corporation Name

ARTHUR BORING CIVIC CENTER, INC.



Principal Place of Business 2202 W REYNOLDS ST PLANT CITY FL 33567 US	Mailing Address P.O. DRAWER 1869 PLANT CITY FL 33564-1869 US
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3. Date Incorporated or Qualified 02/28/1980	4. FEI Number 59-6151219	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent REDMAN, JAMES L. 121 N. COLLINS STREET PLANT CITY FL 33568	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (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	PD
NAME	BALLARD, TERRY	1.2 NAME	J. D. MERRILL
STREET ADDRESS	407 VIRGINIA AVE.	1.3 STREET ADDRESS	606 S. EVERS ST.
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	VPD	2.1 TITLE	VPD
NAME	MERRILL, J. D.	2.2 NAME	ROLLY ROLLYSON
STREET ADDRESS	806 S. EVERS ST.	2.3 STREET ADDRESS	P. O. BOX 1536 2407 Karen Drive
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	PLANT CITY, FL 33564
TITLE	D	3.1 TITLE	SD
NAME	ROLLYSON, ROLLY	3.2 NAME	ROBERT TRINKLE
STREET ADDRESS	PO BOX 1536 2407 KAREN DRIVE	3.3 STREET ADDRESS	P. O. BOX TT 121 N. Collins Street
CITY-ST-ZIP	PLANT CITY, FL 00000	3.4 CITY-ST-ZIP	PLANT CITY, FL 33564
TITLE	D	4.1 TITLE	TD
NAME	NEWSOME, JOE	4.2 NAME	KENNETH LUCAS
STREET ADDRESS	4005 THONOTOSASSA RD	4.3 STREET ADDRESS	3938 HWY 60 WEST
CITY-ST-ZIP	PLANT CITY, FL 00000	4.4 CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	TD	5.1 TITLE	D
NAME	HOOVER, MCINTIRE	5.2 NAME	TERRY BALLARD
STREET ADDRESS	702 N EVERS ST	5.3 STREET ADDRESS	407 VIRGINIA AVE
CITY-ST-ZIP	PLANT CITY, FL 00000	5.4 CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	D	6.1 TITLE	
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 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]* 1-9-98 813-72-6133

CR2E037 (10/97)