

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90041 029 ****61.25

DOCUMENT # 751304

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



2. Principal Place of Business

2202 W. REYNOLDS ST.
Suite, Apt. #, etc.

2a. Mailing Address

26 P. O. DRAWER 1869
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

02/28/1980

4. FEI Number

59-6151219

Applied For
Not Applicable

City & State

PLANT CITY, FLORIDA

City & State

28 PLANT CITY, FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

33567

Country

25 HILLSBOROUGH

Zip

33564-1869

Country

30 HILLSBOROUGH

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

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 ☐ DELETE

TITLE	PD
NAME	MERRILL, J D
STREET ADDRESS	606 S EVERS ST
CITY-ST-ZIP	PLANT CITY FL 33566
TITLE	VPD
NAME	ROLLYSON, ROLLY
STREET ADDRESS	P O BOX 1536
CITY-ST-ZIP	PLANT CITY FL 33564
TITLE	SD
NAME	TRINKLE, ROBERT
STREET ADDRESS	121 N COLLINS ST
CITY-ST-ZIP	PLANT CITY, FL 00000 33564
TITLE	TD
NAME	LUCAS, KENNETH
STREET ADDRESS	3938 HWY 60 WEST
CITY-ST-ZIP	PLANT CITY, FL 00000 33567
TITLE	D
NAME	BALLARD, TERRY
STREET ADDRESS	407 VIRGINIA AVE
CITY-ST-ZIP	PLANT CITY, FL 00000 33566
TITLE	D
NAME	REDMAN, JAMES L
STREET ADDRESS	121 N COLLINS STREET
CITY-ST-ZIP	PLANT CITY, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)