## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 19 1997 8:00am

Secretary of State

- A AMARIN TO BOX MICHA DESIGNATION CONTRACTOR OF A CONTRACTOR

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

**SIGNATURE:** 

756089

(9)

## DIXIE JUNIOR REBELS, INCORPORATED

				<del></del>					
Principal Place of Business Mailing Address							BI( \$1\$11 WIDIT BIRLE D.	#     # #     #  #   #  #  #  #  #  #	
7400 62ND TERI POST OFFICE B PINELLAS PARK	BOX 2715	POST OF	7400 62ND TERRACE NORTH POST OFFICE BOX 2715 PINELLAS PARK FL 33780-2715						
			,				3. Date Incorporated or Qualified 01/28/1981	3a. Date of La 04/25/	st Report /1996
2. Principal Pi	lace of Business	2a. Maili 26	2a. Mailing Address 26				4. FEI Number 59-2159865		Applied For Not Applicable
Suite, Apt #, etc.		Suite 27	Suite, Apt. #, etc.				5. Certificate of Status Desired		
City & State		`	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
<b>23</b>   Zip	Country	28     Zip		Country	<del>,</del>		Trust Fund Contribution		
24	25	29	9	30			8. This corporation has liability for in Florida Statutes	ntangible tax imo Yes DNo	ier s. 199.032,
<u></u>	9. Name and Address of Curren			~			10. Name and Address of New Rej		
		······································		81	Nam	iĐ	·	<del>,</del>	
BOSTICK, W.G. 25-56 ST S				82	82 Street Address (P.O. Box Number is Not Acceptable)				
	ERSBURG FL 33710		8					<del>                                      </del>	
VI. 1 L.				100	27				
	,			84	City			FL  85  3	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 _	At the second se	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	niote.	**************************************			<u> </u>		·····
12.	Signature, typed or printed name of registered ager OFFICERS AND			Registered Age	int signat	ure required	when reinetating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIRECT	TORS IN 12
TITLE	V	J DITILOTO.	DELETE	1.1 TITLE		TPA	LESI DENT	Char	
NAME	ATKINSON, EILEEN		<del></del>	1.2 NAME			G. BOSTICK, JR		
STREET ADDRESS	6922 79TH AVE N			1.3 STREET	ADDRES		5-56H ST.	μ,	
City-St-ZiP	PINELLAS PARK FL			1.4 CITY-S		57	- ATTORSBURG F	ک 337 کے	10
TITLE	P	de-Addr.	DELETE	2.1 TITLE	-	AT	HLLetic DIRECTOR	Char	
NAME	ASH, DAVE			2.2 NAME			PIC WILSON NO 13 TH AV N		
STREET ADDRESS	6580 SEMINOLE BLVD #432			2.3 STREET	ADDRES				•
City-St-ZiP	SEMINOLE FL		· · · · · · · · · · · · · · · · · · ·	2. 4 DITY-S	ST-ZIP	51	r. Patersburg F	<u> 337/3</u>	
TITLE	\$		☐ DELETE	3.1 TITLE	•			☐ Chair	nge 🔲 Addition
NAME	HARTING, MARIE			3.2 NAME	4				
STREET ADDRESS	6276 102ND TERR N			3.3 STREET	ADDRES	s			
CITY-ST-ZIP	PINELLAS PARK FL		I DOLLAR	3.4. CITY - S	ST-ZIP	—			
TITLE	T POLICE POLICE		DELETE	4.1 TITLE				☐ Char	nge Addition
NAME GYDEST ADDRESS	PUCKETT, DOUG			4. 2 NAME					+
STREET ADDRESS	4327 59TH STREET N			4.3 STREET		S			+
CiTY-ST-ZiP	ST. PETERSBURG FL		☐ DELETE	4.4 CITY - S	T-ZIP			TT Chai	Addition
TITLE NAME	D Bostick, W.G. Jr		- DELLIE	5.1 TITLE 5.2 NAME				Char	nge L. Addition
STREET ADDRESS	25 56TH ST N			5.2 NAME 5.3 STREET	- innec	_			
CITY-ST-ZIP	ST. PETERSBURG FL					<sup>8</sup>			
TITLE	D D		DELETE	5.4 CITY - S' 6.1 TITLE	1-41	<del> </del>		Char	nge Addition
NAME	NOWAK, CYNDE			6.2 NAME				had week	igo
STREET ADDRESS	7143 33RD AVE N.			6.3 STREET	ADDRES:	١	•		
CITY-ST-ZIP	ST. PETERSBURG FL			6.4 CITY - S		'			
14. I do hereb	ov certify that the information supplied	d with this filir	ng does not qualify	for the exe	motion	stated in	n 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 if am an officer or director of the corporation or the receiver of 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 on an alternment with an ageriess.									
appears in Block 12 or Block 13 if Changed on an algoriment with an ageriess.									