

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756284 (6)

1. Corporation Name

BOLD CITY KNIFE CLUB, INC.

Principal Place of Business

Mailing Address

P.O. BOX 37241
JACKSONVILLE FL 32236-4241

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JACKSONVILLE FL 32236-4241

APPROVED
AND
FILED

1995 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001485928
-05/12/95--01056--003

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1981

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2066437

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLANDFORD, KENNETH
9015 ORME ROAD
JACKSONVILLE FL 32220

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 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE TD
NAME NAU, GEORGE G.
STREET ADDRESS 4800 SEDGE ST
CITY-ST-ZIP MIDDLEBURG FL

TITLE V
NAME ZOLLINHOFFER, JOHN
STREET ADDRESS P.O. BOX 342 N/A
CITY-ST-ZIP YULEE FL 32097

TITLE PD
NAME HUMPHREY, DAVID
STREET ADDRESS 129 CARTERET RD S9
CITY-ST-ZIP BRUNSWICK GA

TITLE SD
NAME NAU, COLLEEN
STREET ADDRESS 4800 SEDGE STREET
CITY-ST-ZIP MIDDLEBURG FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE T REASURER - DIRECTOR
12 NAME EVANS, PAUL P.
13 STREET ADDRESS 2937 SEARCHWOOD DR.
14 CITY-ST-ZIP JACKSONVILLE, FL 32277

21 TITLE SECRETARY
22 NAME JOHN Zollinhofer
23 STREET ADDRESS P.O. Box 342 N/A
24 CITY-ST-ZIP Yulee, FL 32097

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE Vice Pres Director
42 NAME Joseph Thornhill
43 STREET ADDRESS 8330 BROOKMONT AVE
44 CITY-ST-ZIP JACKSONVILLE, FL 32211

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE Advisory Board Chairman
62 NAME Kenneth Blandford
63 STREET ADDRESS 9015 ORME RD
64 CITY-ST-ZIP JACKSONVILLE, FL 32220

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 110.07(3)(k), 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

PAUL P. EVANS

3/28/95 904361-2904