

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

P.O. BOX 37241  
JACKSONVILLE FL 32236-4241

3. Date Incorporated or Qualified

02/10/1981

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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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

Daniel K. Gordon

82 Street Address (P.O. Box Number is Not Acceptable)

1449 Flagler Ave

83

84 City

Jacksonville

FL

85 Zip Code

32207

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

Daniel K. Gordon PD x

Daniel K. Gordon FEB 1 1996

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 ☐ DELETE

NAME  
EVANS, PAUL P  
STREET ADDRESS  
2937 SEARCHWOOD DR.  
CITY-STATE-ZIP  
JACKSONVILLE FL 32277

TITLE ☒ DELETE

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

TITLE ☒ DELETE

NAME  
HUMPHREY, DAVID  
STREET ADDRESS  
129 CARTERET RD S9  
CITY-STATE-ZIP  
BRUNSWICK GA

TITLE ☐ DELETE

NAME  
THORNHILL, JOSEPH  
STREET ADDRESS  
8330 BROOKMONT AVE.  
CITY-STATE-ZIP  
JACKSONVILLE FL 32211

TITLE ☒ DELETE

NAME  
BLANDFORD, KENNETH  
STREET ADDRESS  
9015 ORMC RD  
CITY-STATE-ZIP  
JACKSONVILLE FL 32220

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

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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 119.07(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

Date

Daytime Phone #

CR2E037 (12/95)