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 # **763741** **(6)**

1. Corporation Name

KENTUCKY COLONELS OF FLAGLER COUNTY, INC.

Principal Place of Business
P.O. BOX 350521
PALM COAST FL 32135-0521

Mailing Address
P.O. BOX 350521
PALM COAST FL 32135-0521

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

3. Date Incorporated or Qualified: **06/17/1982**

3a. Date of Last Report: **02/27/1995**

4. FEI Number: **59-2350666** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

WRIGHT, JAMES H.
112 BREN MAR LANE
PALM COAST FL 32137

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 ______ NOTE: Registered Agent signature required when reinstating ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	IRWIN, DONALD M.	
STREET ADDRESS	14 COLE PLACE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	P	☐ DELETE
NAME	NORRIS, JOHN W	
STREET ADDRESS	64 WESTMINSTER DR.	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	D	☐ DELETE
NAME	MILLER, HENRY O.	
STREET ADDRESS	1 CLARENDON CT.	
CITY-ST-ZIP	PALM COAST FL	
TITLE	D	☐ DELETE
NAME	GREEN, VIRGIL	
STREET ADDRESS	151 BRYN MAR LANE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	T	☐ DELETE
NAME	DONDONA, ANTHONY J.	
STREET ADDRESS	2 PENNYPACKER LANE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	V	☐ DELETE
NAME	D'ALLESANDRO, MARIO	
STREET ADDRESS	35 KINGSLEY CIRCLE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: Anthony J. Dondona — JAN 22 1996 — 904-445-0569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #