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

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:05

DOCUMENT # 765663 (0)

1. Corporation Name

J.C. CAIN, II MEMORIAL SCHOLARSHIP FUND, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| TUCKER, MICHAEL<br>WINTER HAVEN HIGH 600 6TH ST SE<br>WINTER HAVEN FL 33880<br>US | C/O MICHAEL TUCKER<br>WINTER HAVEN HIGH 600 6TH ST SE<br>WINTER HAVEN FL 33880<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1982
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-2914440 ☐ 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. The 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. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| TUCKER, MICHAEL<br>3429 ROX RIDGE ST SE<br>WINTER HAVEN FL 33884 | 81 Name: Tucker, Michael<br>82 Street Address (P.O. Box Number is Not Acceptable): 3429 Fox Ridge Street S.E.<br>83<br>84 City: Winter Haven FL 85 Zip Code: 33884 |

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: Michael Tucker — Michael Tucker Secretary/Treasurer/Director — 01-13-95
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 | STD | 11 TITLE | STD | XX Change ☐ Addition |
| NAME | TUCKER, MICHAEL | 12 NAME | Tucker, Michael | |
| STREET ADDRESS | 3429 ROX RIDGE ST SE | 13 STREET ADDRESS | 3429 Fox Ridge Street S.E. | |
| CITY-ST-ZIP | WINTER HAVEN FL | 14 CITY-ST-ZIP | Winter Haven, FL 33884 | |
| TITLE | PD | 21 TITLE | PD | XX Change ☐ Addition |
| NAME | CAIN, J C | 22 NAME | Cain, J.C. | |
| STREET ADDRESS | 148 LAKE MARIAM ROAD | 23 STREET ADDRESS | 1670 10th Street S.E. | |
| CITY-ST-ZIP | WINTER HAVEN FL | 24 CITY-ST-ZIP | Winter Haven, FL 33880 | |
| TITLE | D | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | FARRIS, BILL W | 32 NAME | | |
| STREET ADDRESS | 1125 CYPRESS PT DRIVE W | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | WINTER HAVEN FL | 34 CITY-ST-ZIP | | |
| TITLE | D | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | EDDY, ROBERT E | 42 NAME | RECEIVED BY MAY 1 | |
| STREET ADDRESS | 153 LAKE MARIAM ROAD | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | WINTER HAVEN FL | 44 CITY-ST-ZIP | | |
| TITLE | D | 51 TITLE | D | XX Change ☐ Addition |
| NAME | TRIPLETT, CALVIN J | 52 NAME | Farinella, Philip | |
| STREET ADDRESS | 419 AVENUE K NE | 53 STREET ADDRESS | 149 Lameraux Road | |
| CITY-ST-ZIP | WINTER HAVEN FL | 54 CITY-ST-ZIP | Winter Haven, FL 33884 | |
| TITLE | D | 61 TITLE | D | XX Change ☐ Addition |
| NAME | POBJECKY, ROBERT | 62 NAME | Pobjecky, Robert | |
| STREET ADDRESS | 53 BUCKEYE CIR NE | 63 STREET ADDRESS | 104 Mirror Lane | |
| CITY-ST-ZIP | WINTER HAVEN FL | 64 CITY-ST-ZIP | Winter Haven, FL 33881 | |

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)(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.

SIGNATURE: Michael Tucker — 01-13-95 — (813)291-5335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Michael Tucker

00058466