

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **857397** (4)

1. Corporation Name

TENNIS INDUSTRY ASSOCIATION, INCORPORATED



Principal Place of Business

% JOHN D. RIDDLE
200 CASTLEWOOD RD
N PALM BCH FL 33408

Mailing Address

% JOHN D. RIDDLE
200 CASTLEWOOD RD
N PALM BCH FL 33408

3. Date Incorporated or Qualified
08/12/1983

3a. Date of Last Report
01/20/1995

2. Principal Place of Business

21 **200 Castlewood Dr.**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 **North Palm Beach, FL**

24 Zip **33408** 25 Country **U.S.**

27 City & State

28 Zip Country

4. FEI Number

06-1050343

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

10. Name and Address of New Registered Agent

RIDDLE, JOHN D.
200 CASTLEWOOD DRIVE
N. PALM BEACH FL 33408

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **BAUGH, JIM**
STREET ADDRESS **8700 W BRYN MAWR AV**
CITY-STATE-ZIP **CHICAGO IL**

TITLE ☐ DELETE

NAME **MARGIN, RICK**
STREET ADDRESS **1 TENNIS CT**
CITY-STATE-ZIP **BORDENTOWN NJ**

TITLE ☐ DELETE

NAME **SANTORUM, DAN**
STREET ADDRESS **109 EXECUTIVE CTR**
CITY-STATE-ZIP **HILTON HEAD ISLAND SC**

TITLE ☐ DELETE

NAME **WORKMAN, JILL**
STREET ADDRESS **121 COMMODORE DR**
CITY-STATE-ZIP **NEW SMYRNA FL**

TITLE ☐ DELETE

NAME **HECKLER, TIM**
STREET ADDRESS **3535 BRIARPARK DR**
CITY-STATE-ZIP **HOUSTON TX**

TITLE ☐ DELETE

NAME **RIDDLE, JOHN D.**
STREET ADDRESS **200 CASTLEWOOD DR.**
CITY-STATE-ZIP **N.PALM BCH. FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

Fonte, Jill

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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 607, 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

4/24/96

407/840-1127
Daytime Phone #

CR2E034 (12/95)