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FILED
Apr 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # C10454 (2)
Corporation Name

DADE CITY COUNCIL NO. 40, ROYAL AND SELECT MASTE
RS



Principal Place of Business

Mailing Address

2181 ST
CITY FL 33525

P O BOX 2185
BUSHNELL FL 33513-2185
US

3. Date Incorporated or Qualified
06/15/1992

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2627504

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

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

SCHARCH, CHARLES B
P O BOX 2185
CR 674 # 8055
BUSHNELL FL 33513

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 617.1506, 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

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 D ☐ DELETE
NAME KING, LOUIE
STREET ADDRESS PO BOX 8 N/A
CITY-ST-ZIP TRILBY FL 33593

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME DIECKOBER, STEVE
STREET ADDRESS 37323 LONG AVE.
CITY-ST-ZIP DADE CITY FL 33525

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME BATES, JOHN C.
STREET ADDRESS 21950 SQUIREL PRAIRIE RD.
CITY-ST-ZIP BROOKSVILLE FL 34610

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME SCHILLING, FRED C.
STREET ADDRESS 37415 DUKE LANE
CITY-ST-ZIP ZEPHYRHILLS FL 33541

4.1 TITLE ☐ Change ☐ Addition

TITLE S/R ☐ DELETE
NAME SCHARCH, CHARLES B
STREET ADDRESS P O BOX 2185 CR 674 #8055
CITY-ST-ZIP BUSHNELL FL 33513

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0045537

CR2E037 (9/96)