

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000000719 (5)

1. Corporation Name
NCAA HOLDINGS, INC.

Principal Place of Business
P.O. BOX 472
COUDERSPORT PA 16915

Mailing Address
P.O. BOX 472
COUDERSPORT PA 16915-0472



3. Date Incorporated or Qualified 02/10/1993	3a. Date of Last Report 02/02/1996
4. FEI Number 25-1705210	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGAS, JOHN J	1.2 NAME	
STREET ADDRESS	5 WEST THIRD STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	COUDERSPORT PA 16915	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	RIGAS, MICHAEL J	2.2 NAME	
STREET ADDRESS	5 WEST THIRD STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	COUDERSPORT PA 16915	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGAS, JAMES P	3.2 NAME	
STREET ADDRESS	5 WEST THIRD STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	COUDERSPORT PA 16915	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VTD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGAS, TIMOTHY P	4.2 NAME	
STREET ADDRESS	5 WEST THIRD STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	COUDERSPORT PA 16915	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VSD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLIARD, DANIEL R	5.2 NAME	
STREET ADDRESS	5 WEST THIRD STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	COUDERSPORT PA 16915	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPAS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, RANDALL D	6.2 NAME	
STREET ADDRESS	5 WEST THIRD STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	COUDERSPORT PA	6.4 CITY - ST - ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Randall D. Fisher **Randall D. Fisher 1/10/97 (814) 274-9830**

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

CR2E034 (9/96)

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ANNUAL REPORT
1997



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Sandra B. Mortham
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SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

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NAME RIGAS, JOHN J
STREET ADDRESS 5 WEST THIRD STREET
CITY - ST - ZIP COUDERSPORT PA 16915

TITLE VD ☐ DELETE

NAME RIGAS, MICHAEL J
STREET ADDRESS 5 WEST THIRD STREET
CITY - ST - ZIP COUDERSPORT PA 16915

TITLE VD ☐ DELETE

NAME RIGAS, JAMES P
STREET ADDRESS 5 WEST THIRD STREET
CITY - ST - ZIP COUDERSPORT PA 16915

TITLE VTD ☐ DELETE

NAME RIGAS, TIMOTHY P
STREET ADDRESS 5 WEST THIRD STREET
CITY - ST - ZIP COUDERSPORT PA 16915

TITLE VSD ☐ DELETE

NAME MILLIARD, DANIEL R
STREET ADDRESS 5 WEST THIRD STREET
CITY - ST - ZIP COUDERSPORT PA 16915

TITLE VPAS ☐ DELETE

NAME FISHER, RANDALL D
STREET ADDRESS 5 WEST THIRD STREET
CITY - ST - ZIP COUDERSPORT PA

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1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

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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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SIGNATURE:

Randall D. Fisher

Randall D. Fisher 1/10/97

(814) 274-9830

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Date

Daytime Phone #

0497230

CR2E034 (9/96)