

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90046 031 ***150.00

0564748

DOCUMENT # **F93000000719**

1. Corporation Name

NCAA HOLDINGS, INC.

Principal Place of Business

**MAIN AT WATER ST
COUDERSPORT PA 16915
US**

Mailing Address

**MAIN AT WATER ST
COUDERSPORT PA 16915
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1993

4. FEI Number

25-1705210

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

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	PD	<input type="checkbox"/> DELETE
NAME	RIGAS, JOHN J	
STREET ADDRESS	MAIN AT WATER ST	
CITY-ST-ZIP	COUDERSPORT PA 16915	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RIGAS, MICHAEL J	
STREET ADDRESS	MAIN AT WATER ST	
CITY-ST-ZIP	COUDERSPORT PA 16915	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RIGAS, JAMES P	
STREET ADDRESS	MAIN AT WATER ST	
CITY-ST-ZIP	COUDERSPORT PA 16915	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	RIGAS, TIMOTHY P	
STREET ADDRESS	MAIN AT WATER ST	
CITY-ST-ZIP	COUDERSPORT PA 16915	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MILLIARD, DANIEL R	
STREET ADDRESS	MAIN AT WATER ST	
CITY-ST-ZIP	COUDERSPORT PA 16915	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	FISHER, RANDALL D	
STREET ADDRESS	MAIN AT WATER ST	
CITY-ST-ZIP	COUDERSPORT PA 16915	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

Randall D. Fisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randall D. Fisher

1/5/99 (814) 274-9830

Date

Daytime Phone #

CR2E034 (11/98)