

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.**  
**AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED  
AND  
FILED**

94 JUL 15 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1994



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F93000005940 (2)**

1. Corporation Name  
**BUFFALO ROCK SPORTS CHARITIES, INC.**

Mailing Address  
P.O. BOX 10048  
BIRMINGHAM AL 35202

Principal Place of Business  
P.O. BOX 10048  
BIRMINGHAM AL 35202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/30/1993**  
3a. Date of Last Report **n/a**

If above addresses are incorrect in any way, line through incorrect information and enter correction below

|                     |         |                                 |         |  |  |  |  |
|---------------------|---------|---------------------------------|---------|--|--|--|--|
| 2. Mailing Address  |         | 2a. Principal Place of Business |         | 4. FEI Number  |  | Applied For  |  |
| 21 <b>same</b>      |         | 26 <b>same</b>                  |         | 63-1103472   |  | Not Applicable   |  |
| Suite, Apt. #, etc. |         | Suite, Apt. #, etc.             |         | 5. Certificate of Status Desired   |  | 6. Election Campaign Financing Trust Fund Contribution |  |
| 32                  |         | 27                              |         | <b>\$8.75 Additional Fee Required</b> <input checked="" type="checkbox"/>  |  | <input type="checkbox"/>                               |  |
| City & State        |         | City & State                    |         | 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  |  | <b>\$5.00 May Be Added to Fees</b>                     |  |
| 23                  |         | 28                              |         | <input checked="" type="checkbox"/>  |  |  |  |
| Zip                 | Country | Zip                             | Country | 8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |  |
| 24                  | 25      | 29                              | 30      |  |  |  |  |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent                      |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| <b>BOWDEN III, B. EARL<br/>3220 AVALON BLVD.<br/>MILTON FL 32583</b> |  |  |  | B1 Name <b>n/a</b>                                    |  |  |  |
|  |  |  |  | B2 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|  |  |  |  | B3  |  |  |  |
|  |  |  |  | B4 City <b>FL</b> B5 Zip Code                         |  |  |  |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

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

(A-2) Registered Agent signature required when re-registering

(A)

| 12. OFFICERS AND DIRECTORS |                   | 13. CHANGES TO OFFICERS AND DIRECTORS FROM 1993 |      |
|----------------------------|-------------------|---|------|
| 1.1 TITLE                  | P/C               | 1.1 TITLE                                       |      |
| 1.2 NAME                   | LEE III JAMES C   | 1.2 NAME  | none |
| 1.3 STREET ADDRESS         | 111 OXMOOR ROAD   | 1.3 STREET ADDRESS                              |      |
| 1.4 CITY- ST- ZIP          | BIRMINGHAM AL     | 1.4 CITY- ST- ZIP                               |      |
| 2.1 TITLE                  | V/D               | 2.1 TITLE                                       |      |
| 2.2 NAME                   | REDDINGER JAMES M | 2.2 NAME  |      |
| 2.3 STREET ADDRESS         | 111 OXMOOR ROAD   | 2.3 STREET ADDRESS                              |      |
| 2.4 CITY- ST- ZIP          | BIRMINGHAM AL     | 2.4 CITY- ST- ZIP                               |      |
| 3.1 TITLE                  | S/D               | 3.1 TITLE                                       |      |
| 3.2 NAME                   | BARKER ROGER D    | 3.2 NAME  |      |
| 3.3 STREET ADDRESS         | 111 OXMOOR ROAD   | 3.3 STREET ADDRESS                              |      |
| 3.4 CITY- ST- ZIP          | BIRMINGHAM AL     | 3.4 CITY- ST- ZIP                               |      |
| 4.1 TITLE                  |                   | 4.1 TITLE                                       |      |
| 4.2 NAME                   |                   | 4.2 NAME  |      |
| 4.3 STREET ADDRESS         |                   | 4.3 STREET ADDRESS                              |      |
| 4.4 CITY- ST- ZIP          |                   | 4.4 CITY- ST- ZIP                               |      |
| 5.1 TITLE                  |                   | 5.1 TITLE                                       |      |
| 5.2 NAME                   |                   | 5.2 NAME  |      |
| 5.3 STREET ADDRESS         |                   | 5.3 STREET ADDRESS                              |      |
| 5.4 CITY- ST- ZIP          |                   | 5.4 CITY- ST- ZIP                               |      |
| 6.1 TITLE                  |                   | 6.1 TITLE                                       |      |
| 6.2 NAME                   |                   | 6.2 NAME  |      |
| 6.3 STREET ADDRESS         |                   | 6.3 STREET ADDRESS                              |      |
| 6.4 CITY- ST- ZIP          |                   | 6.4 CITY- ST- 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 199.032, 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes thereto on an attachment with an affidavit.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(205) 942-3435