


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

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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90038 007 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H48373 1. Corporation Name JOANNE GRAF SOFTBALL CAMPS, INC.			
Principal Place of Business % JOANNE GRAF 2210 DEMERON ROAD TALLAHASSEE FL 32312		Mailing Address % JOANNE GRAF 2210 DEMERON ROAD TALLAHASSEE FL 32312	
2. Principal Place of Business 21 JOANNE GRAF Suite, Apt. #, etc. 22 6007 Boynton Homestead City & State 23 Tallahassee, FL Zip 24 32312 Country 25 US		2a. Mailing Address 26 JOANNE GRAF Suite, Apt. #, etc. 27 6007 Boynton Homestead City & State 28 Tallahassee, FL Zip 29 32312 Country 30 US	
9. Name and Address of Current Registered Agent GRAF, JOANNE 2210 DEMERON ROAD TALLAHASSEE FL 32312			
10. Name and Address of New Registered Agent 81 Name JOANNE GRAF 82 Street Address (P.O. Box Number is Not Acceptable) 6007 Boynton Homestead 83 84 City Tallahassee FL 85 Zip Code 32312			
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 <i>Joanne Graf</i> DATE 1/12/99 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAF, JOANNE 2210 DEMERON ROAD TALLAHASSEE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD JOANNE GRAF 6007 Boynton Homestead Tallahassee, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/21/1985	
4. FEI Number 59-2520665	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	
81 Name JOANNE GRAF	
82 Street Address (P.O. Box Number is Not Acceptable) 6007 Boynton Homestead	
83	
84 City Tallahassee FL	85 Zip Code 32312

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:

Joanne Graf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

850-644-2960

Date

Daytime Phone #

CR2E034 (11/98)