FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12399 (4)

1. Corporation Name

SENIOR BOWLING CLUBS OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4716 LEILA TAMPA FL 33611 US	4716 LEILA TAMPA FL 33611 US

3. Date Incorporated or Qualified: 12/05/1985
3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-2656506 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2510 Lake Ellen Drive	26 2510 Lake Ellen Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip / Country 24 33618 / 25 USA	Zip / Country 29 33618 / 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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
PHILLIPS, GEORGE W., ATTY. 8001 N. DALE MABRY HIGHWAY SUITE 501H TAMPA FL 33614	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	HICKINBOTHAM, JEAN	12 NAME	George Troyer	
STREET ADDRESS	4716 LEILA	13 STREET ADDRESS	8815 Brys Drive	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Tampa, FL 33635	
TITLE	VPD	21 TITLE	VPD	☒ Change ☐ Addition
NAME	SANDIFORD, JOE	22 NAME	Cy Woolf	
STREET ADDRESS	1603 DAWNRIDGE COURT	23 STREET ADDRESS	3802 W. Alva	
CITY-ST-ZIP	BRANDON FL	24 CITY-ST-ZIP	Tampa, FL 33614	
TITLE	VPD	31 TITLE	VPD	☒ Change ☐ Addition
NAME	DEVANE, SHIRLEY J	32 NAME	Jean Berkeley	
STREET ADDRESS	4012 OAK LIMB COURT	33 STREET ADDRESS	3206 W. Pearl Avenue	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	Tampa, FL 33611	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	PORTER, SALLY	42 NAME		
STREET ADDRESS	2510 LAKE ELLEN DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP		
TITLE	SD	51 TITLE	SD	☒ Change ☐ Addition
NAME	BERKELEY, JEAN E	52 NAME	Jean Hickinbotham	
STREET ADDRESS	3208 W PEARL AVENUE	53 STREET ADDRESS	4716 Leila	
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	Tampa, FL 33616	
TITLE	SD	61 TITLE	SD	☒ Change ☐ Addition
NAME	FROUMAN, MAX	62 NAME	Jenny James	
STREET ADDRESS	28443 TRIDENT COURT	63 STREET ADDRESS	2202 Durant Rd.	
CITY-ST-ZIP	WESLEY CHAPEL FL	64 CITY-ST-ZIP	Valrico, FL 33594	

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 119.07(3)(k), 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: Sally A. Porter 4/19/95 813-251-2765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Sally A. Porter

COR-AR2