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 MAY -1 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15987 (3)

1. Corporation Name

ALACHUA BABE RUTH SOFTBALL, INC.

300001476493
-05/04/95--01131--014
****130.00 ****130.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
603 SE 3RD AVE P.O. BOX 973 ALACHUA FL 32615-7973	603 SE 3RD AVE P.O. BOX 973 ALACHUA FL 32615-7973

3. Date Incorporated or Qualified: 07/22/1986
3a. Date of Last Report: 05/01/1994

4. FEI Number: NOT APPLICABLE — [ ] Applied For [X] Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

DAVIS, KENNETH A.
RT. 1 BOX 46 CR 241
ALACHUA FL 32615

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, 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 mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		[ ] Change [ ] Addition
NAME	DAVIS, KENNETH A	12 NAME		
STREET ADDRESS	RT. 1 BOX 46 COUNTY RD. 241	13 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL 32615	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		[ ] Change [ ] Addition
NAME	O'STEEN, SARAJO	22 NAME		
STREET ADDRESS	RT. 1 BOX 9 COUNTY RD. 241	23 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL 32615	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		[ ] Change [ ] Addition
NAME	DAVIS, DORINDA	32 NAME		
STREET ADDRESS	RT. 1 BOX 46 COUNTY RD. 241	33 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL 32615	34 CITY-ST-ZIP		
TITLE	T	41 TITLE		[ ] Change [ ] Addition
NAME	RIDGE, KAREN L.	42 NAME		
STREET ADDRESS	RT 2 BOX 135	43 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL 32615	44 CITY-ST-ZIP		
TITLE		51 TITLE		[ ] Change [ ] Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		[ ] Change [ ] Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kenneth A Davis Kenneth A. Davis 4/25/95 (904) 462-1715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

002021