		· · · · · · · · · · · · · · · · · · ·				
SECOND AMOUNT DUE O) NOTICE: CORPORATION WILL BE IN OR BEFORE 8/7/96: \$61, 25 (IF DISS)	EDISSOLVED ON OR AFTER A	AUGUST 7, 1996.	16.25 \		
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE				10.23.)		
	CORPORATION FLORIDA DEPARTMENT OF STATE Sandra B. Mortham				ED	
ANNUAL REPORT Secretary of State				FILED		
1996 DIVISION OF CORPORATIONS				Aug 01 1	Aug 01 1996 8:00 am	
DOCUMENT # N18737 (9)					Secretary of State	
1 '	FENCE CLUB, INC.	• •				
1116	TENOE CLUB, INC.					
Principal Place of Business Mailing Address				r seemen een treet tell 1886	nin 1881 Bildit Bildit Bildit Bildit Bildit 1985)	
	P.O. BOX 7223 TALLAMASSEE_EL 32314 TALLAMASSEE_EL 32314					
				3. Date Incorporated or Qualified 01/13/1987	3a. Date of Last Report 05/24/1995	
Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For		
Suite Ant	# 010	28 Person	(M) Two	59-2767938	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 50 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	6	City & State	~	6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	28 Zip	: SSee . -	Trust Fund Contribution	Added to Fees	
24	25 Country		Countrý 30 Lech	8. This corporation has liability for Florida Statutes	r intangible tax under s. 199.032,	
	9. Name and Address of Current			10. Name and Address of New F		
PALMO	DRE, ALFRED O.		81 Name			
501 ELLIS RD 82 Street Addres				Address (P.O. Box Number is Not Accepta	ble)	
TALLAHASSEE FL 32311 83						
			84 City		85 Zip Code	
11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above pared corpora					<u> </u>	
11. Pursuant to the provisions of 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 617.0503, Florida Statutes.						
SIGNATURE			da ciaiolos.			
12.	Signature, typed or printed name of registered agen OFFICERS AND		Registered Agent signature 13.	required when reinstating) ADDITIONS/CHANGES TO OFF	DATE	
TITLE	PO	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12 Change Addition &	
NAME	VAUGHM, SHARRON 914 FRAZIER AVE		1.2 NAME			
STREET ADDRESS City-St-zip	TALLAHASSEE FL		1.3 STREET ADDRESS			
TITLE	VD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition O	
NAME	HARRIS, SAM		2.2 NAME			
STREET ADDRESS	P.O. BOX 7223 N/A TALLAHASSEE FL		2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	SD	DELETE	2 4 CITY - ST - ZIP 3.1 TITLE		Change Addition	
NAME	PALMORE, ALFRED		3.2 NAME		P outride Worthout	
STREET ADDRESS	501 ELLIS RD TALLAHASSEE FL 32311		3.3 STREET ADORESS			
CITY-ST-ZIP TITLE	TD	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition	
NAME	SIMMONS, MOSES S	The percent	4. 2 NAME	blally William	Change Addition	
STREET ADDRESS	-1766 HILLSGATE CT	>−	4.3 STREET ADDRESS	11000 TONG G	weld.	
CITY-ST-ZIP TITLE	TALLAHASSEE FL 32308-472	Z/ DELETE	4.4 CITY - ST - ZIP	Tallahassee Ir	L 323\\\	
NAME		FT DETELE	5.1 TITLE 5.2 NAME		Change Addition	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		- Income	5.4 CITY - ST - ZIP			
NAME		DELETE	6.1 TITLE \$	40000191 -08/02/96010	136 Phange Addition	
STREET ADDRESS			6.3 STREET ADDRESS	-08/02/96010 ***61.25	31003	
CITY-ST-ZIP	and the state of t		6.4 C(TV - ST - 7)P		8-1-46	
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 arm 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 officer attachment with an address.						
1211 Carlos Participants						
SIGNATURE: 07/31/96 (904)421-2542 BIGNATURE: Date Of PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR Date Dayline Proces						