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 MAR 27 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21506 (3)

1. Corporation Name

HILLSBOROUGH ROUGH RIDERS, INC.

Principal Place of Business	Mailing Address
C/O JOHN W. BAKAS, JR. MCWHIRTER, REEVES, ET AL/P O BOX 3350 TAMPA FL 33601-3350 US	C/O JOHN W. BAKAS, JR. MCWHIRTER, REEVES, ET AL/P O BOX 3350 TAMPA FL 33601-3350 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/09/1987	3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-2848496	☐ Applied For ☐ Not Applicable
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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

BAKAS, JOHN W., JR.
MCWHIRTER, REEVES, ET AL
100 N TAMPA ST, S2800
TAMPA FL 33662

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 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 mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	D	☒ Change ☐ Addition
NAME	BROCK, MRS SUE	12 NAME	Brock, Sue	
STREET ADDRESS	14709 TALL TREE DR	13 STREET ADDRESS	14709 Tall Tree Dr	
CITY-ST-ZIP	LUTZ FL	14 CITY-ST-ZIP	Lutz, FL 33549	
TITLE	T	21 TITLE	D	☒ Change ☐ Addition
NAME	SPILLER, SUSAN	22 NAME	Spillers, Susan	
STREET ADDRESS	14302 RAVENWOOD LN	23 STREET ADDRESS	14302 Ravenwood Ln.	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	Tampa Fl 33618	
TITLE	PE	31 TITLE	D	☒ Change ☐ Addition
NAME	ORTIZ, BERTHA	32 NAME	Ortiz, Bertha	
STREET ADDRESS	706 E 121ST AVE	33 STREET ADDRESS	706 E 121st Ave	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	Tampa, FL 33612	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	COBLE, PAT	42 NAME		
STREET ADDRESS	7806 ST VINCENT ST	43 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	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	# Deposited by Bank	

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: Sue Brock - Sue Brock 2/26/95 813-972-2025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043244

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

DOCUMENT # **N21790** **(3)**

1. Corporation Name

CITIZENS CONCERNED FOR THE RINGLING MUSEUMS, INC

Principal Place of Business	Mailing Address
P.O. 2477 SARASOTA FL 34230	P.O. 2477 SARASOTA FL 34230

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/30/1987	3a. Date of Last Report: 07/11/1994
4. FEI Number: NOT APPLICABLE	☐ Applied For ☐ Not Applicable
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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BRANDNER, BARNET
3711 ALMERIA AVE.- N
SARASOTA FL 34239

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☑ Change ☐ Addition
NAME	DUNWOODY, JAMES	12 NAME	DINWIDDIE
STREET ADDRESS	1315 DORIS DR.	13 STREET ADDRESS	4462 COCO RIDGE CIR.
CITY-ST-ZIP	SARASOTA FL 34243	14 CITY-ST-ZIP	SARASOTA FL 34233
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	BRANDNER, BARNET	22 NAME	
STREET ADDRESS	3711 ALMERIA AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	LANE, MYRTLE	32 NAME	
STREET ADDRESS	5902 LORDS AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☑ Change ☐ Addition
NAME	JOHNSON, ALVA	42 NAME	
STREET ADDRESS	3051-53RD ST.	43 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34234	44 CITY-ST-ZIP	
TITLE	SD	51 TITLE	D ☑ Change ☐ Addition
NAME	PD	52 NAME	HABORAK, GEORGE J.
STREET ADDRESS	1750 BEN FRANKLIN DR.	53 STREET ADDRESS	1309 AMELO AVE.
CITY-ST-ZIP	SARASOTA FL	54 CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	D	61 TITLE	D ☑ Change ☐ Addition
NAME	FERNALD, KIT	62 NAME	COONEY, JOHN D.
STREET ADDRESS	5920 GULF OF MEXICO DR.	63 STREET ADDRESS	729 INDIAN BEACH CIRCLE
CITY-ST-ZIP	LONGBOAT KEY FL	64 CITY-ST-ZIP	SARASOTA, FLA. 34234

800001441478
-03/28/95--01073--006
*****68.75 *****68.75

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: Barnet Brandner (813) 366-3370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

RW 3-24-95

0003160