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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:57

DOCUMENT # N28518 (1)

1. Corporation Name
PUTNAM RUNNERS CLUB, INC.

Principal Place of Business	Mailing Address
%ROBERT D. MOORE P O BOX 171 PALATKA FL 32178-7171	%ROBERT D. MOORE P O BOX 171 PALATKA FL 32178-7171

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1988
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-2932743 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	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	10. Name and Address of New Registered Agent
MOORE, ROBERT D. 135 HIAWATHA COURT E. PALATKA FL 32031	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: John Carson — 1/21/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CARSON, JOHN 2119 LAUREL ST. PALATKA FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☑ Change ☐ Addition PRESIDENT TOMMY DOBBS ROUTE 1 BOX 453 EAST PALATKA FL 32131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FELTNER, ARTA RT. 3, BOX 1790 PALATKA FL	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☑ Change ☐ Addition VP JOHN CARSON 2119 LAUREL ST. PALATKA FL. 32177
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MOORE, ROBERT D 135 HIAWATHA CT EAST PALATKA FL	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition (NO CHANGE)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCINNIS, JOLIAN (REMAINS A DIRECTOR) 1715 CRILL AVENUE PALATKA FL	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☑ Change ☐ Addition TREAS JUDY MOORE 135 HIAWATHA CT. EAST PALATKA FL 32131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POPE, STEVEN 1610 SHERMAN AVENUE PALATKA FL	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☑ Change ☐ Addition D. ARTA FELTNER RT 3 BOX 1790 PALATKA FL 32177
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETERSON, BERYL (REMAINS A DIRECTOR) 2021 GOLF DRIVE PALATKA FL 32177	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☑ Change ☐ Addition D CECELIA HUGHES RT 5 BOX 1548 PALATKA FL 32177.

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: John Carson — 1/21/95.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024404