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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:07

DOCUMENT # N31462 (7)

1. Corporation Name
FLORIDA STATE BOWLING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
%ROBERT CARR 4607 HAVRE WAY PENSACOLA FL 32505	%ROBERT CARR 4607 HAVRE WAY PENSACOLA FL 32505

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/31/1989
3a. Date of Last Report: 01/21/1994
4. FEI Number: 23-7423441 ☐ 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

CARR, ROBERT
4607 HAVRE WAY
PENSACOLA FL 32505

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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	1.1 TITLE	D	☒ Change ☐ Addition
NAME	GARRETT, JOHN J	1.2 NAME	GARRETT, JOHN J	
STREET ADDRESS	330 S ORLANDO AVE	1.3 STREET ADDRESS	330 S ORLANDO AVE	
CITY-ST-ZIP	MAITLAND FL	1.4 CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	D	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	NAPOLI, CARMINE	2.2 NAME	OVERHOLTS, CLAYTON	
STREET ADDRESS	170 LAKE MERYL DRIVE	2.3 STREET ADDRESS	765 VALLEY FORGE RD	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE	STD	3.1 TITLE		☐ Change ☐ Addition
NAME	CARR, ROBERT	3.2 NAME		
STREET ADDRESS	4607 HAVRE WAY	3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	VARNUM, KEN	4.2 NAME		
STREET ADDRESS	200 NORWICH AVENUE	4.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: Robert D. Carr ROBERT G CARR 25 JAN 95 904-48-0303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime tel #

0071075