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 PM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N31531** **(9)**

1. Corporation Name
DRAGON CLUB

Principal Place of Business	Mailing Address
P.O. BOX 3321 ST. PETERSBURG FL 33731	P.O. BOX 3321 ST. PETERSBURG FL 33731

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/05/1989**
3a. Date of Last Report: **03/23/1994**
4. FEI Number: **59-2624309** ☐ 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

AMICK, JOHN P
2190 VIVIAN WAY SO
ST PETERSBURG FL 33712

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	S ☒ Change ☐ Addition
NAME	BURNS, STEVEN	1.2 NAME	
STREET ADDRESS	405 CENTRAL AVE	1.3 STREET ADDRESS	James Macaluso
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	1045 39th Avenue N. St. Petersburg, FL 33703
TITLE	PD	2.1 TITLE	D ☒ Change ☐ Addition
NAME	COX, DAVID	2.2 NAME	
STREET ADDRESS	918 MONTEREY PT NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	P ☒ Change ☐ Addition
NAME	KAUFHOLD, DUANE W.	3.2 NAME	
STREET ADDRESS	1200 MONTEREY BLVD NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	STOVALL, GEORGE	4.2 NAME	Troy Holland
STREET ADDRESS	490 COFFEE POT RIVIERA	4.3 STREET ADDRESS	224 Aranda Street NE
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	St. Petersburg, FL 33704
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	DEVOE, THOMAS F.	5.2 NAME	William McQueen
STREET ADDRESS	506 APPIAN WAY NE	5.3 STREET ADDRESS	121 Baypoint Dr. NE
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	St. Petersburg, FL 33704
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	NELSON, CHRISTOPHER G.	6.2 NAME	Robert Stewart
STREET ADDRESS	1969 ARROWHEAD DR NE	6.3 STREET ADDRESS	7172 9th St S
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	St. Petersburg, FL 33705

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: James Macaluso Sec/Treas. 4/21/95 (813) 823-6955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0094507