

FILE NOW: ²⁻¹⁻⁹⁵ FILING FEE AFTER MAY 1 IS \$155.00 ^{B-759-C}

* CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N34185 (1)

1. Corporation Name

LABELLE QUARTERBACK CLUB, INC.

95 FEB -1 PM 12:12

Principal Place of Business

Mailing Address

% JOHN JAY WATKINS
150 S MAIN ST. P O BOX 250
LABELLE FL 33953

% JOHN JAY WATKINS
150 S MAIN ST. P O BOX 250
LABELLE FL 33953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1989

3a. Date of Last Report

03/28/1994

4. FEI Number

65-0204742

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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

WATKINS, JOHN JAY
150 S MAIN ST
SUITE 3
LABELLE FL 33953

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	O'FERRELL, JOHN
STREET ADDRESS	744 CALOOSA ESTATES DR
CITY-ST-ZIP	LABELLE FL
TITLE	VD
NAME	HARRIS, DARRELL
STREET ADDRESS	N RIVER RD P.O. BOX 963 N/A
CITY-ST-ZIP	LABELLE FL
TITLE	TD
NAME	MCDONALD, ED
STREET ADDRESS	50 N. BRIDGE
CITY-ST-ZIP	LABELLE FL
TITLE	SD
NAME	LYONS, DAVE
STREET ADDRESS	380 BELMONT
CITY-ST-ZIP	LABELLE FL
TITLE	D
NAME	BURTON, JEFF
STREET ADDRESS	1301 CAPT HENDRY DR.
CITY-ST-ZIP	LABELLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/95

813-675-0551