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FILED

Feb 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34185 (1)

1. Corporation Name

LABELLE QUARTERBACK CLUB, INC.



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 33953-49563. Date Incorporated or Qualified
09/11/19893a. Date of Last Report
03/27/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

65-0204742

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 PD
NAME O'FERRELL, JOHN
STREET ADDRESS 744 CALOOSA ESTATES DR
CITY-ST-ZIP LABELLE FL☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE VD
NAME HARRIS, DARRELL
STREET ADDRESS N RIVER RD P.O. BOX 963 N/A
CITY-ST-ZIP LABELLE FL☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE TD
NAME MCDONALD, ED
STREET ADDRESS 50 N. BRIDGE
CITY-ST-ZIP LABELLE FL☒ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE SD
NAME LYONS, DAVE
STREET ADDRESS 380 BELMONT
CITY-ST-ZIP LABELLE FL☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE D
NAME BURTON, JEFF
STREET ADDRESS 1301 CAPT HENDRY DR.
CITY-ST-ZIP LABELLE FL☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☒ Change☐ AdditionTITLE DIRECTOR
NAME SCOTT COOPER
STREET ADDRESS 4050 COMBAY WAY
CITY-ST-ZIP LABELLE FL 33955☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change☐ Addition

14. I do hereby certify that the information supplied with this filing 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: *Sandra B. Northam* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/97 (941) 675-2966

Date

Daytime Phone # 0067282

CR2E037 (9/96)