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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified

09/11/1989

4. FEI Number

65-0204742

Applied For

Not Applicable

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

24

25

29

30

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	O'FERRELL, JOHN	
STREET ADDRESS	744 CALOOSA ESTATES DR	
CITY-ST-ZIP	LABELLE FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HARRIS, DARRELL	
STREET ADDRESS	N RIVER RD P.O. BOX 983 N/A	
CITY-ST-ZIP	LABELLE FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	LYONS, DAVE	
STREET ADDRESS	380 BELMONT	
CITY-ST-ZIP	LABELLE FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	BURTON, JEFF	
STREET ADDRESS	1301 CAPT HENDRY DR.	
CITY-ST-ZIP	LABELLE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	COOPER, SCOTT	
STREET ADDRESS	4050 COWBOY WAY	
CITY-ST-ZIP	LABELLE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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

[Signature] **Jeff Burton**

2/27/98 (941) 675-2866

CR2E037 (10/97)