

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34185

1. Corporation Name

LABELLE QUARTERBACK CLUB, INC.

Principal Place of Business

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

Mailing Address

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



FILED

FEB -8 AM 11:20

STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/11/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0204742	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24		29		Country	
25		30			

9. Name and Address of Current Registered Agent

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

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 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'FERRELL, JOHN	1.2 NAME	
STREET ADDRESS	744 CALOOSA ESTATES DR	1.3 STREET ADDRESS	800002776923--8
CITY-ST-ZIP	LABELLE FL	1.4 CITY-ST-ZIP	-02/16/99--01046--020
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, DARRELL	2.2 NAME	
STREET ADDRESS	N RIVER RD P.O. BOX 963 N/A	2.3 STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP	LABELLE FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, DAVE	3.2 NAME	
STREET ADDRESS	380 BELMONT	3.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTON, JEFF	4.2 NAME	
STREET ADDRESS	1301 CAPT HENDRY DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, SCOTT	5.2 NAME	
STREET ADDRESS	4050 COWBOY WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

JEFF BURTON

2/2/99 (941) 675-2946

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