

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N38967 (8)

1. Corporation Name

OKEECHOBEE CLASSIC RODDERS, INC.



Principal Place of Business

Mailing Address

801 W SOUTH PARK ST
OKEECHOBEE FL 34972-4142

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OKEECHOBEE FL 34972-4142

3. Date Incorporated or Qualified
07/02/1990

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0221739

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 109-111 NW 7th Ave

2a. Mailing Address

26 109-111 NW 7th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Okeechobee Florida

City & State

28 Okeechobee Florida

Zip

24 34972

Country

25 Okeechobee

Zip

29 34972

Country

30 Okeechobee

9. Name and Address of Current Registered Agent

GAST, PAUL E.
9124 SE 63RD DRIVE
OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent

81 Name Don Speaks

82 Street Address (P.O. Box Number is Not Acceptable)
2502 SW 22nd Circle W.

83

84 City Okeechobee

FL

85 Zip Code

34974

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 reappointing)

DATE

4-16-96

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME GAST, PAUL E.
STREET ADDRESS 9124 S.E. 63RD DRIVE
CITY-ST-ZIP OKEECHOBEE FL

TITLE VD ☒ DELETE
NAME METZGER, DON
STREET ADDRESS 3460 SW 23RD STREET
CITY-ST-ZIP OKEECHOBEE FL

TITLE STD ☐ DELETE
NAME GAST, LAURA J.
STREET ADDRESS 9124 S.E. 63RD DRIVE
CITY-ST-ZIP OKEECHOBEE FL

TITLE D ☒ DELETE
NAME CARLTON, STEVE
STREET ADDRESS 103 NW 6TH ST
CITY-ST-ZIP OKEECHOBEE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Don Speaks
1.3 STREET ADDRESS 2502 SW 22nd Circle W.
1.4 CITY-ST-ZIP Okeechobee FL 34974

2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME Carl Woods
2.3 STREET ADDRESS 576 SW 87th Terrace
2.4 CITY-ST-ZIP Okeechobee FL 34974

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 Pete Wally
4.3 STREET ADDRESS 214 N.W. 12th Street
4.4 CITY-ST-ZIP Okeechobee, FL 34972

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 119.07(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

Date

Daytime Phone #

4/16/96 941-467-7299

CR2E037 (12/95)