

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 # **N43693** (3)

1. Corporation Name

FLORIDA STATE REFEREES, INCORPORATED



Principal Place of Business

**7513 PAULA DRIVE
TAMPA FL 33615
US**

Mailing Address

**7513 PAULA DRIVE
TAMPA FL 33615
US**

3. Date Incorporated or Qualified
06/04/1991

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 **7108 MINTWOOD COURT**

26 **P.O. BOX 262857**

4. FEI Number
59-3134337

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **TAMPA, FL 33615**

27 **TAMPA FLORIDA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23

28

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

24 **33615**

Country

Country

25 **USA**

29 **33685**

Country

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHELTON, WILLIAM H. DVM
7513 PAULA DR
TAMPA FL 33615**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7108 MINTWOOD COURT

83

84 City

TAMPA

FL

85 Zip Code

33615

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

William H. Shelton

WILLIAM H. SHELTON, DVM

01/20/96

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	D	<input checked="" type="checkbox"/> DELETE
NAME	LAYSON, JUNE	X
STREET ADDRESS	13006 SMOKETREE WAY	
CITY- ST- ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VALERIO, BETTY	
STREET ADDRESS	8603 WAGON WHEEL LANE	
CITY- ST- ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHARLES, GUNTHER	
STREET ADDRESS	1330 GLENDALE ST	
CITY- ST- ZIP	LAKELAND FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SIMONSON, KAY	X
STREET ADDRESS	12817 A WEDGEWOOD WAY	
CITY- ST- ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	ROBERT B. VOMACKA	
13 STREET ADDRESS	12015 N. 52nd STREET	
14 CITY- ST- ZIP	TAMPA, FL 33617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	JOHN B. VARAS, SR.	
23 STREET ADDRESS	2730 OCEAN SHORE BLVD. #307	
24 CITY- ST- ZIP	ORMOND BEACH, FL 32176	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	WILLIAM H. SHELTON, DVM	
33 STREET ADDRESS	7108 MINTWOOD COURT	
34 CITY- ST- ZIP	TAMPA, FL 33615	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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:

William H. Shelton

WILLIAM H. SHELTON, DVM

01/20/96

813-884-8504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)