

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 25 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N43693 (3)**  
 1. Corporation Name  
**FLORIDA STATE REFEREES, INCORPORATED**



Principal Place of Business 7108 MINTWOOD COURT TAMPA FL 33615 US	Mailing Address P. O. BOX 262857 TAMPA FL 33685 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/04/1991	3a. Date of Last Report 01/29/1996
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2. Principal Place of Business 21 9033 BRIDGETON DR. Suite, Apt. #, etc.	2a. Mailing Address 26	4. FEI Number 59-3134337	Applied For Not Applicable
22 TAMPA City & State	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 33626 Zip	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 US Country	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
 SHELTON, WILLIAM H. DVM  
 7108 MINTWOOD COURT  
 TAMPA FL 33615

10. Name and Address of New Registered Agent

61 Name	62 Street Address (P.O. Box Number is Not Acceptable)	63 City	64	65 Zip Code
	9033 BRIDGETON DRIVE	TAMPA	FL	33626

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* DATE: 7/20/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	D		
NAME	ROBERT B. VOMACKA		
STREET ADDRESS	12015 N. 52ND STREET		
CITY-ST-ZIP	TAMPA FL		
TITLE	D		
NAME	JOHN B. VARAS, SR.		
STREET ADDRESS	2730 OCEAN SHORE BLVD., #307		
CITY-ST-ZIP	ORMOND BEACH FL		
TITLE	D		
NAME	CHARLES, GUNTHER		
STREET ADDRESS	1330 GLENDALE ST		
CITY-ST-ZIP	LAKELAND FL		
TITLE	D		
NAME	WILLIAM H. SHELTON DVM		
STREET ADDRESS	7108 MINTWOOD COURT 9033 BRIDGETON DR		
CITY-ST-ZIP	TAMPA FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: *William H. Shelton* SIGNATURE REQUIRED DATE: 7-20-97

CR2E037 (4/97)