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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N43693

1. Corporation Name

FLORIDA STATE REFEREES, INCORPORATED

Principal Place of Business

9833 BRIDGETON DR
TAMPA FL 33626
US

Mailing Address

P. O. BOX 262857
TAMPA FL 33685
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/04/1991

4. FEI Number

59-3134337

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

9. Name and Address of Current Registered Agent

SHELTON, WILLIAM H. DVM
9833 BRIDGETON DRIVE
TAMPA FL 33626

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 *William A. Shelton DVM*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/11/99
DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

D
NAME ROBERT B. VOMACKA
STREET ADDRESS 12015 N. 52ND STREET
CITY-ST-ZIP TAMPA FL

TITLE DELETE

D
NAME JOHN B. VARAS, SR.
STREET ADDRESS 2730 OCEAN SHORE BLVD., #307
CITY-ST-ZIP ORMOND BEACH FL

TITLE DELETE

D
NAME HOLLARD, JACK
STREET ADDRESS P O BOX 1201
CITY-ST-ZIP PLANT CITY FL 33564

TITLE DELETE

D
NAME WILLIAM H. SHELTON DVM
STREET ADDRESS 9833 BRIDGETON DR
CITY-ST-ZIP TAMPA 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 Change Addition

D
1.2 NAME STEVEN GROENMEYER
1.3 STREET ADDRESS 11223 TRADEWINDS BLVD.
1.4 CITY-ST-ZIP LARGO FL 33773

2.1 TITLE Change Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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: *William H. Shelton DVM*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William H. Shelton DVM 1/11/99 813-920-9222
Date Daytime Phone #

CR2E037 (1/1/98)