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Mar 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45937** (2)

1. Corporation Name

**SPORTING CLAYS OF TAMPA BAY, INC.**

Principal Place of Business

**15720 APACHE DR  
THONOTOSASSA FL 33592  
US**

Mailing Address

**PO BOX 16998  
TEMPLE TERRACE FL 33687-6998  
US**



3. Date Incorporated or Qualified <b>11/08/1991</b>	3a. Date of Last Report <b>05/03/1996</b>
4. FEI Number <b>59-3093851</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**SARRINE, EDWARD DR.  
10321 RECLINATA LANE  
TAMPA FL 33618**

10. Name and Address of New Registered Agent

81 Name **SAM HILLARD**

82 Street Address (P.O. Box Number is Not Acceptable)  
**8959 MAGNOLIA CHASE CIRCLE**

83

84 City **TAMPA** **FL** 85 Zip Code **33647**

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: *Sam C. Hillard* **SAM HILLARD** **02/12/97**  
(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	P/D	<input type="checkbox"/> DELETE
NAME	<b>SARRINE, EDWARD DR.</b>	
STREET ADDRESS	<b>10321 RECLINATA LANE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33618</b>	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	<b>NEWMAN, HERB</b>	
STREET ADDRESS	<b>316 GLEN BURNIE</b>	
CITY-ST-ZIP	<b>TEMPLE TERRACE FL</b>	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	<b>CRANE, JOHN</b>	
STREET ADDRESS	<b>2111 W. WATROUS AVE.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33606</b>	
TITLE	D/T	<input type="checkbox"/> DELETE
NAME	<b>SAWYERS, JEFF</b>	
STREET ADDRESS	<b>351 LOUIS EDWARD CT</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
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

1.1 TITLE	<b>PRES/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>HILLARD, SAM</b>	
1.3 STREET ADDRESS	<b>8959 MAGNOLIA CHASE CIRCLE</b>	
1.4 CITY-ST-ZIP	<b>TAMPA, FL 33647</b>	
2.1 TITLE	<b>VICE/PRES/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VANDERHOOK, RICHARD</b>	
2.3 STREET ADDRESS	<b>6709 LARIMER DRIVE</b>	
2.4 CITY-ST-ZIP	<b>TAMPA, FL 33615</b>	
3.1 TITLE	<b>SEC/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>GRABILL, JOHN B.</b>	
3.3 STREET ADDRESS	<b>321 FERNCLIFF</b>	
3.4 CITY-ST-ZIP	<b>TEMPLE TERRACE, FL 33687</b>	
4.1 TITLE	<b>TREAS/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>SEMAGO, JOHN</b>	
4.3 STREET ADDRESS	<b>2611 WATROUS AVENUE</b>	
4.4 CITY-ST-ZIP	<b>TAMPA, FLORIDA 33629</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Sam C. Hillard* **SAM HILLARD** **813-671-3700**  
(Signature and typed or printed name of signing officer or director) Date Daytime Phone # 0049383

CR2E037 (9/96)