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NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45937

(2)

SPORTING CLAYS OF TAMPA BAY, INC.

FILED						
Mar 06 1997 8:00am						
Secretary of State						

	<u> </u>

Suite, Apt. #, etc.  22  City & State  23  Zip Country  24  9. Name and Address of Current R  SARRINE, EDWARD DR. 10321 RECLINATA LANE TAMPA FL 33618  11. Pursuant to the provisions of Sections 617.0502 a office or registered agent, or both, in the State of	Mailing Address			. 1 contride die minde einem einem brite imme drate bente dimte dimte dinte finte finte tomt			
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Suite, Apt. #, etc.    Suite, Apt. #, etc.	US			3. Date Incorporated or Qualified	3a. Date of Last Report		
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City & State  23  Zip Country  24  25  9. Name and Address of Current R  SARRINE, EDWARD DR. 10321 RECLINATA LANE TAMPA FL 33618  11. Pursuant to the provisions of Sections 617.0502 at office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation of Signature. Signature typed or printed name of registered agent are of registered agent at 12.  TITLE P/D NAME SARRINE, EDWARD DR.  SIREET ADDRESS 10321 RECLINATA LANE CITY-SI-ZIP TAMPA FL 33618  DAP NAME NEWMAN, HERB STREET ADDRESS 316 GLEN BURNIE TEMPLE TERRACE FL  TITLE S/O NAME SIREET ADDRESS 2111 W. WATROUS AVE. CITY-SI-ZIP TAMPA FL 33606  TITLE D/T NAME SAWYERS, JEFF STREET ADDRESS 351 LOUIS EDWARD CT LAKELAND FL  TITLE NAME STREET ADDRESS 351 LOUIS EDWARD CT LAKELAND FL	2a. Mailing Address			4. FEI Number	Applied For		
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12. OFFICERS AND D  TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS CITY-ST-ZIP TAMPA FL 33618 TITLE NAME STREET ADDRESS CITY-ST-ZIP TAMPA FL 33618 TOTALE NAME STREET ADDRESS CITY-ST-ZIP TAMPA FL 33618 TITLE NAME STREET ADDRESS CITY-ST-ZIP TAMPA FL 33606	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 family it with, and accept the obligations of, Section 617-0503, Florida Statutes.						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TAMPA FL 33618 DAP NEWMAN, HERB 316 GLEN BURNIE TEMPLE TERRACE FL TITLE S/D CRANE, JOHN STREET ADDRESS CITY-ST-ZIP TAMPA FL 33606 TITLE D/T NAME STREET ADDRESS CITY-ST-ZIP TAMPA FL 33606 TITLE D/T NAME STREET ADDRESS CITY-ST-ZIP TAMPA FL 33606 TITLE D/T NAME STREET ADDRESS CITY-ST-ZIP TAMPA FL 33606 TITLE D/T NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	eliare)		SAM HI		2/97		
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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 eath; 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 STONING OFFICER OR DIRECTOR

813-671-3700

Dale

Daytime Phone # 0049383

R2E037 (9/96)