FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N45960** **(4)**

1. Corporation Name
DESOTO BULLDOG BOOSTERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
124 WEST OAK ST ARCADIA FL 33821 US	P.O. BOX 2904 ARCADIA FL 33821 US

3. Date Incorporated or Qualified: **11/12/1991**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0314407** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WALDRON, E E JR 124 N BREVARD AVENUE ARCADIA FL 33821	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PROVAU, MIKE	1.2 NAME	
STREET ADDRESS	CARLTON AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	HOLLINGSWORTH, RODNEY	2.2 NAME	
STREET ADDRESS	GARNER RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☑ Change ☐ Addition
NAME	TINSLEY, DEBBY	3.2 NAME	SD BEEVLE [redacted] RAGAN
STREET ADDRESS	BROWN RD	3.3 STREET ADDRESS	EAST CYPRESS ST
CITY-ST-ZIP	ARCADIA FL	3.4 CITY-ST-ZIP	ARCADIA FL 33821
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	HACKNEY, BILL	4.2 NAME	
STREET ADDRESS	504 E OAK ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☑ Change ☐ Addition
NAME	CARLTON, DAVID	5.2 NAME	
STREET ADDRESS	7831 SW SUNNY OAKS DR	5.3 STREET ADDRESS	delete
CITY-ST-ZIP	ARCADIA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☑ Change ☐ Addition
NAME	AMBLER, LEW	6.2 NAME	
STREET ADDRESS	105 W MAGNOLIA ST	6.3 STREET ADDRESS	delete
CITY-ST-ZIP	ARCADIA FL	6.4 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)(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: [signature] Mike Provau 4/27/95 813-494-4022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007202