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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 3:12

DOCUMENT # **N46563** **(5)**

1. Corporation Name

OPERATION FIREBALL, INC.

Principal Place of Business	Mailing Address
5780 MAJOR BLVD. 5780 MAJOR BLVD. ORLANDO FL 32819 US	P.O. BOX 616308 ORLANDO FL 32861-6308 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1991
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-3096477 ☐ 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

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	1.1 TITLE	n/a	☒ Change ☐ Addition
NAME	~~HOLMES, JOHN W.~~	1.2 NAME		
STREET ADDRESS	~~5780 MAJOR BOULEVARD~~	1.3 STREET ADDRESS		
CITY-ST-ZIP	~~ORLANDO FL~~	1.4 CITY-ST-ZIP		
TITLE	VD President/Director	2.1 TITLE	President/Director	☒ Change ☐ Addition
NAME	SIEGFRIED, T. L.	2.2 NAME		
STREET ADDRESS	225 NEWBURYPORT AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP		
TITLE	SD Vice President/Director	3.1 TITLE	Vice President/Director	☒ Change ☐ Addition
NAME	LEWIS, CHARLIE	3.2 NAME		
STREET ADDRESS	1020 PRINCESS GATES BLVD	3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	BELL, LARRY K.	4.2 NAME		
STREET ADDRESS	200 W. DAKIN AVENUE	4.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP		
TITLE	Secretary/Director	5.1 TITLE	Secretary/Director	☐ Change ☒ Addition
NAME	Steve Clelland	5.2 NAME	Steve Clelland	
STREET ADDRESS	4005 N. Orange Blsm. Trail	5.3 STREET ADDRESS	4005 N. Orange Blsm. Trail	
CITY-ST-ZIP	Orlando, FL	5.4 CITY-ST-ZIP	Orlando, FL	
TITLE	Director	6.1 TITLE	Director	☐ Change ☒ Addition
NAME	O'Dowd, Michael J.	6.2 NAME	O'Dowd, Michael J.	
STREET ADDRESS	200 W. Dakin Avenue	6.3 STREET ADDRESS	200 W. Dakin Avenue	
CITY-ST-ZIP	Kissimmee, FL	6.4 CITY-ST-ZIP	Kissimmee, FL	(also see attachment A)

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: T.L. Siegfried, Pres-Dir. 3/22/95 407-830-3845
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

OPERATION FIREBALL, INC.
5780 Major Blvd. P. O. Box 616308, Orlando, FL 32861-6308
Orlando, FL 32819

ATTACHMENT A

for Block 13:
Adding another Director:

Bill Dryburgh, Director
6116 Apopka Vineland Rd.
Orlando, FL