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 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50720 (4)

1. Corporation Name
SUNSHINE OFFICIALS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 40552 ST. PETERSBURG FL 33743	P.O. BOX 40552 ST. PETERSBURG FL 33743

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/03/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3143991 ☐ 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
SIMPSON, JERRY I. 4827 7TH AVENUE NORTH ST. PETERSBURG FL 33713	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	VP	11 TITLE	V.P. /D. (D.)	☒ Change ☐ Addition
NAME	SIMPSON, JERRY I.	12 NAME	RAY JOHNSON	
STREET ADDRESS	P.O. BOX 40552 N/A	13 STREET ADDRESS	10427 VALENCIA #640	
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP	SEMINOLE, FL. 34642	
TITLE	P	21 TITLE	PRESIDENT/D. (D.)	☐ Change ☐ Addition
NAME	BECK, EDWARD J	22 NAME	Edward J. Beck	
STREET ADDRESS	P. O. BOX 40552 N/A	23 STREET ADDRESS	1850 Oak Forest Dr. So	
CITY-ST-ZIP	ST PETERSBURG FL	24 CITY-ST-ZIP	Clearwater, FL. 34620	
TITLE	S	31 TITLE	S/D (D.)	☒ Change ☐ Addition
NAME	WADE, RON	32 NAME	LUTHER BUIS	
STREET ADDRESS	P. O. BOX 40552 N/A	33 STREET ADDRESS	N/A	
CITY-ST-ZIP	ST PETERSBURG FL	34 CITY-ST-ZIP		
TITLE	T	41 TITLE	TREASURER/D	☐ Change ☐ Addition
NAME	BARWICK, JIM	42 NAME	Jim Barwick	
STREET ADDRESS	P.O. BOX 40552 N/A	43 STREET ADDRESS	3401 70th Ave NO	
CITY-ST-ZIP	ST PETERSBURG FL 33743	44 CITY-ST-ZIP	ST PETERSBURG, FL 33710	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Jim Barwick Treasurer Jim Barwick 3/2/95 1-813-576-1231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

004463