

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$185 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL 14 AM 11: 18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N92000000637 (0)

1. Corporation Name

THE STATE OF FLORIDA HUNDRED CLUB, INC.

DO NOT WRITE IN THIS SPACE

| | | | |
|--|---------------------|---|--|
| Principal Place of Business | | Mailing Address | |
| 5306 MANATEE AVENUE WEST BRADENTON FL 34209 | | 5306 MANATEE AVENUE WEST BRADENTON FL 34209 | |
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | 26 | 12/03/1992 | 03/28/1994 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number | Applied For / Not Applicable |
| 22 | 27 | 65-0375151 | |
| City & State | City & State | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 | 28 | <input type="checkbox"/> | |
| Zip | Country | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 | 25 | 29 | 30 |
| | | 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status | FILING FEE IS \$61.25 |
| | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

ERB, C. W.
3148 SOUTH GATE CIRCLE
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

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 _____ 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOLTER, DANNY E | 1.2 NAME | |
| STREET ADDRESS | 5306 MANATEE AVE WEST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BRADENTON FL 34209 | 1.4 CITY-ST-ZIP | |
| TITLE | VD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STAFFORD, JOHN | 2.2 NAME | |
| STREET ADDRESS | 4117 BOCA POINTE DR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL 34238 | 2.4 CITY-ST-ZIP | |
| TITLE | SD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARR, JESSIE | 3.2 NAME | |
| STREET ADDRESS | 1265 28TH AVE W. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL 34239 | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | TREASURER |
| STREET ADDRESS | | 4.3 STREET ADDRESS | MAX MOORE |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | 6243 14th ST W BRADENTON FL 34207 |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | SECRETARY |
| STREET ADDRESS | | 5.3 STREET ADDRESS | BILL BEASLEY |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | 7412 15th AVE W BRADENTON FL 34209 |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 110.07(3)(k), 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: *Danny E. Molter* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/95)