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 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000830 (1)

1. Corporation Name

T.S.H.S. CHEERLEADERS, INC.

Principal Place of Business	Mailing Address
1411 GULF RD. TARPON SPRINGS FL 34689	1411 GULF RD. TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/16/1992**
3a. Date of Last Report: **04/13/1994**
4. FEI Number: **59-3186656** ☐ 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

NALL, RICK J
1411 GULF RD.
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name: DEIRDRE K. DEAL
82 Street Address (P.O. Box Number is Not Acceptable): 1411 Gulf Rd.
83
84 City: Tarpon Springs **FL** 85 Zip Code: 34689

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: Deirdre K. Deal, Director — April 27, 1995
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	DP	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	SIMMONS, CONSTANCE	1.2 NAME	Jan Fortes	
STREET ADDRESS	1071 MINEOLA CT.	1.3 STREET ADDRESS	1102 Misty Lane	
CITY-ST-ZIP	PALM HARBOR FL 34683	1.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	DV	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	CASTRO, TERRI	2.2 NAME	Francine Roca	
STREET ADDRESS	1411 GULF RD.	2.3 STREET ADDRESS	730 Hickory Ln.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	2.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	DS	3.1 TITLE	S/D	☒ Change ☐ Addition
NAME	KOLP, PATTI	3.2 NAME	Angela Zeiss	
STREET ADDRESS	1001 ANCLOTE DR.	3.3 STREET ADDRESS	1321 Riverside Dr.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	3.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	DT	4.1 TITLE	T/D	☒ Change ☐ Addition
NAME	NALL, RICK J	4.2 NAME	Natalie Barone	
STREET ADDRESS	1411 GULF RD.	4.3 STREET ADDRESS	2852 Enisgrove Dr.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	4.4 CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE		5.1 TITLE	D	☐ Change ☒ Addition
NAME		5.2 NAME	Deirdre K. Deal	
STREET ADDRESS		5.3 STREET ADDRESS	1411 Gulf Rd.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE		6.1 TITLE		☐ Change ☐ 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 119.07(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: Deirdre K. Deal — April 27, 1995 — (813) 937-5151
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

000B340