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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:15

DOCUMENT # N93000000282 (4)

1. Corporation Name
CLEARWATER BOMBERS, INC.

Principal Place of Business	Mailing Address
BOMBER STADIUM P.O. BOX 1864 CLEARWATER FL 34643	11151-66TH ST. N. #401 LARGO FL 34643

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/19/1993	3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-3160865	☐ 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 BOMBER STADIUM	26
Suite, Apt. #, etc. 22 651 N. Old Coachman Road	Suite, Apt. #, etc. 27
City & State 23 Clearwater, Florida	City & State 28
Zip 24 34625	Country 25 U.S.A.
Zip 29	Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KAUFMANN, BRUCE 11151-66TH ST. N. SUITE 401 LARGO FL 34643	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	CDP	1.1 TITLE	☐ Change ☐ Addition
NAME	KAUFMANN, BRUCE G	1.2 NAME	
STREET ADDRESS	11151-66TH ST. N. #401	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34643	1.4 CITY-ST-ZIP	
TITLE	~~VCD~~ D	2.1 TITLE	VCD ☒ Change ☐ Addition
NAME	DOTZLER, JOHN	2.2 NAME	William Seabrook
STREET ADDRESS	10681 GULF BLVD. STE.210	2.3 STREET ADDRESS	547 Deville Drive
CITY-ST-ZIP	TREASURE ISLAND FL 33706	2.4 CITY-ST-ZIP	Largo, FL 34641
TITLE	~~TD~~ D	3.1 TITLE	TD ☒ Change ☐ Addition
NAME	GREY, MICHAEL	3.2 NAME	RON KEELING
STREET ADDRESS	12425 U.S. 19 N.	3.3 STREET ADDRESS	770 - 115TH Ave
CITY-ST-ZIP	CLEARWATER FL 34624	3.4 CITY-ST-ZIP	Treasure, Island, FL 33706
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	RIVES, HOWARD III	4.2 NAME	
STREET ADDRESS	1265 S. MYRTLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34616	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HARTMAN, WILLIAM	5.2 NAME	
STREET ADDRESS	13575-58TH ST. N. #131	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEAWATER FL 34620	5.4 CITY-ST-ZIP	
TITLE	~~SD~~ D	6.1 TITLE	SD ☒ Change ☐ Addition
NAME	SMITH, PAMELA	6.2 NAME	Sherry Seabrook
STREET ADDRESS	1709 DREW ST.	6.3 STREET ADDRESS	547 Deville Drive
CITY-ST-ZIP	CLEARWATER FL 34615	6.4 CITY-ST-ZIP	Largo, FL 34641

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: Bruce Kaufmann J.D. BRUCE G. KAUFMANN J.D. 1/12/95 (813)-541-3447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007005