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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:45

DOCUMENT # N93000001150 (2)

1. Corporation Name
SUN COAST SHAG CLUB, INC.

Principal Place of Business	Mailing Address
2057 LITTLE NECK RD CLEARWATER FL 34615	2057 LITTLE NECK RD CLEARWATER FL 34615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/01/1993
3a. Date of Last Report: 09/07/1994
4. FEI Number: 59-3166790 ☐ 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 (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

ALDREDGE, RAY S
2057 LITTLE NECK RD
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

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 X RAYMOND S. ALDREDGE 1/20/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered agent signature required when filing. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	XX P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	ALDREDGE, RAY S	1.2 NAME	
STREET ADDRESS	19135 US 19 N. APT H18	1.3 STREET ADDRESS	ALDREDGE, RAY S. 19135 U. S. 19 N. APT H18
CITY-ST-ZIP	CLEARWATER FL 34615	1.4 CITY-ST-ZIP	CLEARWATER, FL 34615
TITLE	XX	2.1 TITLE	S ☒ Change ☒ Addition
NAME	XXXXXXXXXXXXXX	2.2 NAME	XXXXXXX FOERSTER, MERRILEE
STREET ADDRESS	XXXX XXXXXX STREET	2.3 STREET ADDRESS	9036 "127TH" STREET
CITY-ST-ZIP	XXXXXXXXXXXXXX	2.4 CITY-ST-ZIP	SEMINOLE, FL 34646
TITLE	XX	3.1 TITLE	T ☒ Change ☒ Addition
NAME	XXXXXXXXXXXXXX	3.2 NAME	WHITSON, JACK R.
STREET ADDRESS	XXXX CHAMBLEE LANE	3.3 STREET ADDRESS	4000 "42ND" STREET S.
CITY-ST-ZIP	XXXXXXXXXXXXXX	3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33711
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	NORTHRUP, LYNN	4.2 NAME	
STREET ADDRESS	2057 LITTLE NECK RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34665	4.4 CITY-ST-ZIP	34615
TITLE	P	5.1 TITLE	☐ Change ☐ Addition
NAME	Northrup, Lynn Paul	5.2 NAME	Northrup, Paul
STREET ADDRESS	2057 Little Neck Rd.	5.3 STREET ADDRESS	2057 Li tle Neck Rd.
CITY-ST-ZIP	Clearwater, Fl. 34615	5.4 CITY-ST-ZIP	Clearwater, Fl. 34615
TITLE	P	6.1 TITLE	☐ Change ☐ Addition
NAME	Watson, Jay	6.2 NAME	Watson, Jay
STREET ADDRESS	6924 "69th" Ave. N.	6.3 STREET ADDRESS	6924 "69th Ave". N.
CITY-ST-ZIP	Pinellas Park, Fl. 34665	6.4 CITY-ST-ZIP	Pinellas Park, Fl. 34615

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: X 1/20/95 (813) 441-4238
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0066064