

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000001524 (8)

1. Corporation Name

TEMPLE TERRACE PONY BASEBALL, INC.



Principal Place of Business

P.O. BOX 16385
TEMPLE TERRACE FL 33687

Mailing Address

P.O. BOX 16385
TEMPLE TERRACE FL 33687

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HOLLAND, WILLIAM M., JR.
505 E. TWIGGS STREET, SUITE 503
TAMPA FL 33602

3. Date Incorporated or Qualified
04/06/1993

3a. Date of Last Report
08/23/1995

4. FEI Number

59-3187452

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TP
NAME ATWOOD DONALD K.
STREET ADDRESS 4423 PORPOISE DR.
CITY-ST-ZIP TAMPA FL 33617

TITLE TS
NAME ATWOOD, SUSAN
STREET ADDRESS 4423 PORPOISE DRIVE
CITY-ST-ZIP TAMPA FL 33617

TITLE TVP
NAME ESHELMAN, DEAN
STREET ADDRESS 209 REDWOOD DR.
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE ~~DVP~~
NAME ~~HOLLAND, WILLIAM M~~
STREET ADDRESS ~~228 WILLOWICK AVE.~~
CITY-ST-ZIP ~~TEMPLE TERRACE FL 33617~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

John H. Clonts
7005 Rutledge Drive
Temple Terrace, FL 33617

William M. Holland, Jr.
228 Willowick Ave.
Temple Terrace, FL 33617

Douglas Hanna
13304 N. 53rd Street
Tampa, FL 33617

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-6-96 (813) 238-7162

Date

Daytime Phone #

0012200

CR2E037 (3/96)