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 FEB 20 AM 11:08

DOCUMENT # N93000002353 (1)

1. Corporation Name
EMPLOYEES RECREATION CLUB, INC.

Principal Place of Business	Mailing Address
1501 72ND ST. NORTH ST. PETERSBURG FL 33733	P.O. BOX 40486 ST. PETERSBURG FL 33743-0486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3183291 ☐ 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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BORYK, TIM
4857 46TH ST N
ST. PETERSBURG FL 33714

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 _____ 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	P	1.1 TITLE	D ☐ Change ☒ Addition
NAME	HONAKER, LEE	1.2 NAME	Ignacio Mella
STREET ADDRESS	PO BOX 47485	1.3 STREET ADDRESS	9963 Ashley Dr.
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	Seminole, FL. 34642
TITLE	V	2.1 TITLE	D ☐ Change ☒ Addition
NAME	JONES, WAYNE	2.2 NAME	Paul Greene
STREET ADDRESS	4925 21ST AVE N	2.3 STREET ADDRESS	2070 59TH. ST. North
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	Clearwater, FL. 34620
TITLE	T	3.1 TITLE	D ☐ Change ☒ Addition
NAME	BORYK, TIM	3.2 NAME	CHUCK RENNICK
STREET ADDRESS	4857 46TH ST N	3.3 STREET ADDRESS	2000 60 WAY N.
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33710
TITLE	S	4.1 TITLE	D ☐ Change ☒ Addition
NAME	GARRETT, DIANA	4.2 NAME	CATHY STAVRES
STREET ADDRESS	1424 ESSEX DR N	4.3 STREET ADDRESS	12088 93RD. WAY N.
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	LARGO, FL. 34643
TITLE	D	5.1 TITLE	D ☐ Change ☒ Addition
NAME	WILLIAMS, MIKE	5.2 NAME	RICK LINDQUIST
STREET ADDRESS	11288 92ND WAY N	5.3 STREET ADDRESS	129 NORTHWEST MONROE CIR.
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33702
TITLE	D	6.1 TITLE	D ☐ Change ☒ Addition
NAME	RITENOUR, STEVE	6.2 NAME	ROBIN FEWKES
STREET ADDRESS	PO BOX 40485 NA	6.3 STREET ADDRESS	346 31ST. AVE, N. APT. 4
CITY-ST-ZIP	ST PETERSBURG FL	6.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33704

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: Tim Boryk Tim Boryk 2-13-95 813-381-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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