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 30 AM 10:45

DOCUMENT # N93000003904 (0)

1. Corporation Name
PIONEER ROPING CLUB, INC.

Principal Place of Business	Mailing Address
C/O HARDEE COUNTY CATTLEMAN'S ARENA ALTMAN ROAD WAUCHULA FL 33873	P O BOX 131 WAUCHULA FL 33873

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0442097 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21: Altman Rd.	2a. Mailing Address 25: P.O. Box 131
Suite, Apt. #, etc. 22: —	Suite, Apt. #, etc. 27: —
City & State 23: Wauchula, Fl	City & State 28: Wauchula, Fl.
Zip 24: 33873 Country 25: Hardee	Zip 29: 33873 Country 30: Hardee

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BEATTIE, ROBERTA DINK ALBRITTON ROAD ONA FL 33865	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: Roberta Beattie — 2-3-95
Signature, typed or printed name of registered agent and title if applicable — DATE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	P ☐ Change ☐ Addition
NAME	WATTS, TOM	12 NAME	Jones, Gary
STREET ADDRESS	RT 2 BOX 80	13 STREET ADDRESS	Po Box 577 County Line Rd west
CITY-ST-ZIP	ZOLFO SPRINGS FL 33890	14 CITY-ST-ZIP	Bowling Grn, Fl. 33834
TITLE	P	21 TITLE	VP ☐ Change ☐ Addition
NAME	JONES, GARY	22 NAME	Story, Adell
STREET ADDRESS	P. O. BOX 577 N/A	23 STREET ADDRESS	Rt 1 Box 413 Duncan Rd North
CITY-ST-ZIP	BOWLING GREEN FL	24 CITY-ST-ZIP	Wauchula, Fl. 33873
~~TITLE~~	~~D~~	31 TITLE	D ☐ Change ☐ Addition
~~NAME~~	~~KNIGHT, RICK~~ Delete (RB)	32 NAME	Watts, Tom
~~STREET ADDRESS~~	~~110 O FLA AVE~~	33 STREET ADDRESS	Rt 2 Box 80 Violette Rd.
~~CITY-ST-ZIP~~	~~WAUCHULA FL 33873~~	34 CITY-ST-ZIP	Zolfo Springs, Fl. 33890
~~TITLE~~	~~D~~	41 TITLE	D ☐ Change ☒ Addition
~~NAME~~	~~CALDER, JAMES F~~ Delete (RB)	42 NAME	Stallings, Debra
~~STREET ADDRESS~~	~~RT 2 BOX POPASH ROAD~~	43 STREET ADDRESS	6210 Old Eagle Ln Rd.
~~CITY-ST-ZIP~~	~~WAUCHULA INGR FL 33873~~	44 CITY-ST-ZIP	Winter Haven, Fl. 33880
TITLE	VP	51 TITLE	D ☐ Change ☒ Addition
NAME	STORY, ADELL	52 NAME	Combs, Barbara
STREET ADDRESS	RT. 1 BOX 413	53 STREET ADDRESS	5925 Russo Rd
CITY-ST-ZIP	WAUCHULA FL	54 CITY-ST-ZIP	Bartow, Fl. 33830
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Roberta Beattie — 2-3-95 — 813-735-0574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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