FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **06/27/1993**

3a. Date of Last Report: **03/30/1995**

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:

4. FEI Number: **65-0442097** ☐ 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

9. Name and Address of Current Registered Agent

BEATTIE, ROBERTA
DINK ALBRITTON ROAD
ONA FL 33865

10. Name and Address of New Registered Agent

81 Name: Gary Jones

82 Street Address (P.O. Box Number is Not Acceptable): County Line Road East

83: Bowling Green, Florida 33834

84 City: Bowling Green, — **FL** — 85 Zip Code: 33834

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: X [signature] Gary Jones, President — 1/27/96
(Signature, typed or printed name of registered agent and the date required) (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WATTS, TOM RT 2 BOX 80 ZOLFO SPRINGS FL 33890	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Secretary/Treasurer Barbara Combs 5925 Russo Road Bartow, Fla. 33830	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JONES, GARY P. O. BOX 577 N/A BOWLING GREEN FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Director - Treasurer Debra Stallings 6210 Old Eagle Lake Rd. Winter Haven, Fl. 33880	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KNIGHT, RICK 110 S FLA AVE WAUCHULA FL 33873	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Director Revell, Jerry Rt. 1 Box 120 R Bowling Green, Fl. 33834	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CALDER, JAMES F RT 2 BOX POPASH ROAD WAUCHULA INGS FL 33873	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	Director Knight, Perry P.O. Box 845 Bowling Green, Fl. 33834	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STORY, ADELL RT. 1 BOX 413 WAUCHULA FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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: X Gary Jones [signature] — 1/27/96 — 941-375-4074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #