

**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 # **N93000004324 (0)**

1. Corporation Name

**ALL AMERICAN FOUNDATION, INC.**



Principal Place of Business	Mailing Address
311 S. CALHOUN STREET SUITE 201 TALLAHASSEE FL 32301 US	%HUME COLEMAN PO DRAWER 810 TALLAHASSEE FL 32302

2. Principal Place of Business	2a. Mailing Address
21 313 Williams Street Suite, Apt. #, etc. 22 #7 City & State 23 Tallahassee, FL Zip 24 32303	26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 USA

3. Date Incorporated or Qualified <b>09/24/1993</b>	3a. Date of Last Report <b>04/12/1995</b>
4. FEI Number <b>59-3213115</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HUME, TERRY**  
**1898 MARYELLEN DRIVE**  
**TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, THOMAS</b>	1.2 NAME	
STREET ADDRESS	<b>PO BOX 1577 N/A</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>THOMASVILLE GA 31799</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>T/S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMPS, JOE</b>	2.2 NAME	
STREET ADDRESS	<b>1315 HODGES DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, ANDY</b>	3.2 NAME	
STREET ADDRESS	<b>PO BOX 1353 N/A</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32302</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ECKERD, JACK</b>	4.2 NAME	
STREET ADDRESS	<b>100 N STARCREST DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 34625</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRIFFIN, BILL</b>	5.2 NAME	
STREET ADDRESS	<b>PO BOX 1598 N/A</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34230-1598</b>	5.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HART, ED</b>	6.2 NAME	
STREET ADDRESS	<b>465 PARK AVENUE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BELLEAIR FL</b>	6.4 CITY-ST-ZIP	

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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 in 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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4-23-96** DAYTIME PHONE #: **904/942-7150**

CR2E037 (12/95)