

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000000203 (9)

1. Corporation Name

R.L. TURNER BASEBALL, INC.

Principal Place of Business

Mailing Address

2614 PEMBROKE DR.  
PANAMA CITY FL 324052614 PEMBROKE DR.  
PANAMA CITY FL 32405-43713. Date Incorporated or Qualified  
01/07/19943a. Date of Last Report  
05/16/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-3217806Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. 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

STRICKLAND, FRANK L  
2614 PEMBROKE DR.  
PANAMA CITY FL 32405

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T	DELETE
NAME	STRICKLAND, FRANK	
STREET ADDRESS	2614 PEMBROKE DR.	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	DELETE
NAME	COOPER, JOHN	
STREET ADDRESS	2648 PEROL LANE	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE	D	DELETE
NAME	GILBERT, REGGIE	
STREET ADDRESS	3143 WOODVALLEY ROAD	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	DELETE
NAME	MACLEAN, SCOTT	
STREET ADDRESS	2916 MARRON DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	DELETE
NAME	OGBURN, RICHARD	
STREET ADDRESS	4028 MILANO ROAD	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	DELETE
NAME	CARROLL, LARRY	
STREET ADDRESS	3311 S HARBOR DR.	
CITY-ST-ZIP	PANAMA CITY FL 32405	

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DELETE	Change
2.2 NAME		Addition
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	PRESIDENT	Change
6.2 NAME		Addition
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0006596

CR2E037 (9/96)