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

APPROVED AND FILED

95 MAY 1 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003375 (2)

1. Entity Name

FLORIDA AQUATIC SWIM TEAM, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

POST OFFICE BOX 12605
GAINESVILLE FL 32604

Mailing Address

POST OFFICE BOX 12605
GAINESVILLE FL 32604

3. Date Incorporated or Qualified: 07/05/1994

3a. Date of Last Report: N/A

4. FEI Number: 59-3289622 — Applied For / Not Applicable

2. Principal Business — 21

2a. Mailing Address — 26

Suite, Apt. # etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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

WAGNER, DAVID W
912 NW 45TH TERRACE
GAINESVILLE FL 32611

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS
TITLE	D	☐ Change ☐ Addition
NAME	MCGRIFF, PERRY C JR	
STREET ADDRESS	2900 NW 24TH WAY	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	D	D ☒ Change ☐ Addition
NAME	SCHILLE, BETTY	GYLLSTROM, THOMAS
STREET ADDRESS	ROUTE 4, BOX 254	8662 SW 5TH PL
CITY-ST-ZIP	HAWTHORNE FL 32640	GAINESVILLE FL 32607
TITLE	D	☐ Change ☐ Addition
NAME	CARTER, TINA	
STREET ADDRESS	3609 NW 136TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	D	D ☒ Change ☐ Addition
NAME	LISK, MARIBEL	MARTIN, DAN
STREET ADDRESS	8121 SW 13TH ROAD	5207 NW 65TH LN
CITY-ST-ZIP	GAINESVILLE FL 32607	GAINESVILLE FL 32653
TITLE	D	☐ Change ☐ Addition
NAME	BRECHUE, WILLIAM	
STREET ADDRESS	2006 NW 35TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I declare (certify), that the information supplied with this report is complete, accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further, I declare (certify), that the information supplied 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: X [signature] WILLIAM BRECHUE 4/24/95 (904) 372-9575

SIGNATURE AND TYPED OR PRINTED NAME OF DIGNIFIED OFFICER OR DIRECTOR — Date — Daytime Phone #

0020514