

NA 500001806

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
303/239-0100
***122.50 ***122.50

(Requestor's Name)

Cavall
36724 W. Jefferson
Dade City FL 33525

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

FILED
95 MAR 31 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

WJ's 7/79
634, 706
CRB
4-14 4/31

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 3, 1995

LYNN M. CAVALL
36724 W. JEFFERSON
DADE CITY, FL 33525

SUBJECT: SAN ANTONIO SHOOTERS, INC.
Ref. Number: W95000007179

We have received your document for SAN ANTONIO SHOOTERS, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6880.

Karen Gibson
Corporate Specialist

Letter Number: 995A00015017

*Dear Karen,
Enclosed are the Reg. Agent
with address & Inc Papers
with changes you suggested
Thank you very much for your
help
Lynn Cavall*

**ARTICLES OF INCORPORATION
OF
SAN ANTONIO SHOOTERS, INC.
(A NOT FOR PROFIT CORPORATION)**

The undersigned acting as an incorporator of a corporation under the Florida General Corporation Act, adopt the following Articles of Incorporation for such corporation:

FIRST: The name of the corporation is:
SAN ANTONIO SHOOTERS, INC.

SECOND: The period of duration of the corporation is perpetual.

THIRD: The purpose or purposes for which the corporation is organized is to establish and maintain a tournament softball league for girls eighteen years of age and younger and to do everything necessary, proper, advisable or convenient for the accomplishment of said purposes, and to do all other things incidental to them or connected with them that are not forbidden by the Florida corporation laws or by any other law, or by these articles of incorporation, and to carry out said purposes in any state, territory, district or possession of the United States, or in any foreign country, to the extent that these purposes are not forbidden by the law of the state, territory, district or possession of the United States or by the foreign country.

FOURTH: Election of Directors will be as indicated in the bylaws.

FIFTH: The initial street address in Florida of the initial registered office of the corporation is 36724 West Jefferson, Dade City, Florida 33525, and the name of the registered agent at such address is Lynn Cavall. The corporation principal office is the same as the registered office.

SIXTH: The initial Board of Directors shall consist of three members, who need not be residents of the State of Florida or shareholders of the corporation.

SEVENTH: The names and addresses of the persons who shall serve as Directors until the first annual meeting of the shareholders, or until their successors shall have been elected and qualified are as follows:

Lynn M. Cavall 36724 West Jefferson, Dade City, Florida 33525
Pam Abraham, 103 East Amelia Ave, Dade City, Florida 33525
Barbara Adams 2740 Birdland Court, Land o Lakes, Florida 33525

EIGHTH: The name and address of the initial incorporator is as follows:
Lynn M. Cavall 36724 West Jefferson Dade City, Florida 33525

NINTH: An affirmative vote of two-thirds of the directors shall be required for any action

TENTH: The directors shall have the power to adopt, amend, change or repeal the Articles of Incorporation when proposed and approved at a directors meeting, with not less than a two-thirds vote of the directors.

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OFFICE OF THE
SECRETARY OF
STATE

IN WITNESS WHEREOF, THE UNDERSIGNED has made and subscribed of these Articles of Incorporation at Dade City, Florida, on the 27th day of March, 1995

Lynn M. Cavall
Incorporator

STATE OF FLORIDA
COUNTY OF PASCO

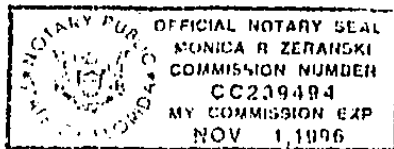
Before me the undersigned authority, personally appeared Lynn M. Cavall, who is to me well known to be the person described in and who subscribed the above Articles of Incorporation, and he did freely and voluntarily acknowledge before me according to law that he made and subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and my official seal, at Dade City in said County and State this 27th day of March, 1995.

Notary Public

My commission expires: - 11.1.96

Monica R. Zeranski
MONICA R. ZERANSKI
CC239494



APPOINTMENT OF REGISTERED AGENT

FILED
95 MAR 31 11:09
SECRET
TALLAHASSEE
STATE OF FLORIDA

Certificate Designating Place of Business or Domicile for the Service of Process within Florida, Naming Agent Whom Process May be Served.

In compliance with Section 48.091, Florida Statutes, the following is submitted.

First: That SAN ANTONIO SHOOTERS, INC., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the City of Dade City, State of Florida, has named Lynn M. Cavall, located at 36724 West Jefferson, Dade City, State of Florida, as its registered agent to accept service of process within Florida.

Lynn M. Cavall
(Corporate Officer)

Title: President

Date: 3-27-95

Having been named to accept service of process for the above corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Lynn M. Cavall
(Resident Agent)

Date: 3-27-95

N9500001806

2nd request
Thank you.

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: San Antonio Shooters EIN or SS#: 59-3310666

Address: 36724 W Jefferson
Dade City, FL 33525

Amount: 163.75 Date Paid 6/05/96

Reason for claim: N95000001806 over payment
11/22/95 for 100.00 + 12/17/95 63.75

Certified true and correct this 23rd day of JUNE, 19 96.

Signature Walter M. Powell

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ 163.75

The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. 01118/037 dated 6/05/96

Name of Account _____
4520213000145300000000010000

Statutory Authority for Collection 607

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____
45202130001453000000022002000

Certified true and correct this _____ day of _____, 19 _____

Department of State, Division of Corporations
(Agency) _____ (Authorized Signature and Title)

CHL
6/14/96