

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 05 1997 8:00am
Secretary of State

DOCUMENT # N95000002401 (6)

1. Corporation Name

GOOD OLE BOYS CLUB, INC.

Principal Place of Business

Mailing Address

8502 25TH STREET EAST
PARRISH FL 34219

8502 25TH STREET EAST
PARRISH FL 34219

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1995

3a. Date of Last Report

07/18/1996

2. Principal Place of Business

21 105 Jacaranda Way

2a. Mailing Address

26 105 Jacaranda Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Parrish, FL

27 City & State

28 Parrish, FL

Zip

Country

24 34219

25 Manatee

Zip

Country

29 34219

30 Manatee

4. FEI Number

65-0630942

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WRIGHT, HERBERT L
8502 25TH STREET EAST
PARRISH FL 34219

81 Name

LaGarde, Jim

82 Street Address (P.O. Box Number is Not Acceptable)

431 43 St Blvd. W.

83

84

Palmetto

FL

85 Zip Code
34221

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 617.0508 Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/30/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME D
PETERSON, MARLAYNE
STREET ADDRESS 709 14TH AVE. WEST
CITY-ST-ZIP PALMETTO FL 34221

TITLE ☒ DELETE

NAME D
WEINGARTER, BARBARA
STREET ADDRESS 4807 5TH AVE. WEST
CITY-ST-ZIP PALMETTO FL 34221

TITLE ☒ DELETE

NAME D
LAGARDE, JIM L
STREET ADDRESS 115 10TH ST. W LOT #23
CITY-ST-ZIP PALMETTO FL 34221

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME D
Herbert Wright
STREET ADDRESS 8502 - 25th Street E.
CITY-ST-ZIP Parrish, FL 34219

2.1 TITLE ☒ Change ☐ Addition

NAME D
Skeeter Barnes
STREET ADDRESS 100 Palmview Rd.
CITY-ST-ZIP Palmetto, FL 34221

3.1 TITLE ☒ Change ☐ Addition

NAME D
Bill Byler
STREET ADDRESS #8 Jasmine
CITY-ST-ZIP Palmetto, FL 34221

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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 REQUIRED

8/19/97

CR2E037 (4/97)