

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002737

1. Corporation Name

SUNSHINE OFFICIALS ASSOCIATION-WRESTLING, INC.

Principal Place of Business

5381 12 AVE N
ST PETERSBURG FL 33710-903
US

Mailing Address

5381 12 AVE N
ST PETERSBURG FL 33710-903
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/06/1995

4. FEI Number

65-0609667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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 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 **P** ☐ DELETE

NAME **ALLISON, WALTER**

STREET ADDRESS **3675 SHORE BLVD**

CITY-ST-ZIP **OLDSMAR FL**

TITLE **D** ☐ DELETE

NAME **WITHERS, ERNIE**

STREET ADDRESS **6816 36TH AVE EAST**

CITY-ST-ZIP **BRADENTON FL 34208**

TITLE **D** ☐ DELETE

NAME **SMOOTH, JAMES**

STREET ADDRESS **3832 YARDLEY AVE N**

CITY-ST-ZIP **ST PETERSBURG FL 33713**

TITLE **D** ☐ DELETE

NAME **NILES, JOHN W**

STREET ADDRESS **9773 1ST ST NE**

CITY-ST-ZIP **ST PETERSBURG FL 33702**

TITLE **S** ☐ DELETE

NAME **LAWTON, JOHN**

STREET ADDRESS **1100 PINE RIDGE CIRCLE WEST #101F**

CITY-ST-ZIP **TARPOON SPRINGS FL**

TITLE **T** ☐ DELETE

NAME **RICO, KEN**

STREET ADDRESS **5381 12 AVE N**

CITY-ST-ZIP **ST PETERSBURG FL 33710-5903**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

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 ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

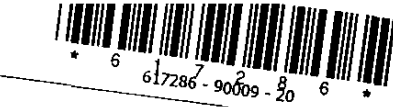
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Sep 20, 1999 8:00 am
Secretary of State

09-20-1999 90009 020 ****61.25



CR2E037 (5/99)