

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 # N97000005896

1. Corporation Name

THE DEVIL RAYS CLUTCH HITTERS, INC.

Principal Place of Business

100 2ND AVENUE SOUTH SUITE 701
ST. PETERSBURG FL 33701

Mailing Address

100 2ND AVENUE SOUTH SUITE 701
ST. PETERSBURG FL 33701

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90004 035 ****61.25



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

10/20/1997

4. FEI Number

59-3479618

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

BRAINARD, C. SCOTT
100 2ND AVENUE SOUTH SUITE 701
ST. PETERSBURG FL 33701

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

TITLE D
NAME BRAINARD, C. SCOTT
STREET ADDRESS 260 1ST AVENUE SOUTH SUITE 701
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE D
NAME BYELICK, ROBERT P
STREET ADDRESS 360 CENTAL AVENUE 11TH FLOOR
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE D
NAME HELINGER, JACK
STREET ADDRESS 150 2ND AVENUE NORTH SUTIE 1210
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE D
NAME WILLIAMSON, DOUGLAS M
STREET ADDRESS 150 2ND AVENUE NORTH SUTIE 840
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE D
NAME COREY, AL
STREET ADDRESS 1031 EDEN ISLE DRIVE NE
CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

C. SCOTT BRAINARD, Pres.

Date

7/29/99

Daytime Phone #

727-822-2033

CR2E037 (5/99)