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03-30-1999 90038 031 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000004862

1. Corporation Name
JENKINS WRESTLING CLUB, INC.

Principal Place of Business	Mailing Address
6000 LAKELAND HIGHLANDS RD. LAKELAND FL 33813	6041 CASON WAY LAKELAND FL 33813

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	08/21/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3523962
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

☐ Applied For
☐ Not Applicable

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ABDON, BRIAN 6041 CASON WAY LAKELAND FL 33813	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 Brian Abdon PRESIDENT DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Rudy Jorge 1702 Sherwood Hts. Lakeland, Fl 33815 ☐ DELETE (ADD)	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	TREASUCER Diana Gunkel 6721 Nells Way Lakeland Fl 33813 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ED Holly 2033 Indian Trails Lakeland, Fl 33813 ☐ DELETE (ADD)	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice - PRESIDENT Brian Abdon 6041-Cason-Way Lakeland, Fl 33813 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Tom Hickory 6723 Crews Wood Ln Lakeland, Fl 33813 ☐ DELETE (ADD)	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	PRESIDENT Dane Packer 6720 Crews Wood Ln Lakeland, Fl 33813 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kathleen Smith 2261 Couples Dr Lakeland, Fl 33813 ☐ DELETE (ADD)	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Secretary Danie Holly 2033 Indian Trails Lakeland, Fl 33813 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 REQUIRED Brian Abdon 3-23-99 941-646-5718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

J--CR2E037 (11/98)