

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 24 1998 8:00am
Secretary of State

DOCUMENT # P94000001469 (3)

1. Corporation Name
SOUTHEAST UMPIRE ASSOCIATION, INC.

Principal Place of Business
**6912 CENTRAL AVE.
TAMPA FL 33604**

Mailing Address
**P.O. BOX 8171
TAMPA FL 33674**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/05/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3216850	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CLARK, LOCK M JR. 6912 CENTRAL AVE. TAMPA FL 33604				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	S	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	KIRKLAND, WAYNE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	112 E. GARLAND COURT		1.2 NAME		
CITY-ST-ZIP	TAMPA FL		1.3 STREET ADDRESS		
TITLE	T	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP		
NAME	GRAUSE, WAYNE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	7802 N JAMAICA ST		2.2 NAME		
CITY-ST-ZIP	TAMPA FL		2.3 STREET ADDRESS		
TITLE	V	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP		
NAME	ELY, JEFF		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	624 TIMBER BAY CIRCLE W		3.2 NAME		
CITY-ST-ZIP	OLDSMAR FL		3.3 STREET ADDRESS		
TITLE	P	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP		
NAME	CLARK, LOCK JR		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	6912 CENTRAL AVE		4.2 NAME		
CITY-ST-ZIP	TAMPA FL		4.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		
NAME			5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
NAME			6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lock M. Clark Jr

2/9/98 813-237-8024

CR2E034 (10/97)