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**APPROVED
AND
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95 MAY -1 PM 5: 56

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000072152 (9)

1. Corporation Name

STATE CHEERLEADING CHAMPIONSHIPS, INC.

Principal Place of Business

**4215 SOUTHPOINT BLVD.
JACKSONVILLE FL 32216**

Mailing Address

**4215 SOUTHPOINT BLVD.
JACKSONVILLE FL 32216**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/30/1994

3a. Date of Last Report

N/A

4. FEI Number

59-3275540

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**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes

No

2. Principal Place of Business

21 653 Monument Road #803

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Jacksonville, FL

City & State

28

24 **32225**

Country

29

Country

30

9. Name and Address of Current Registered Agent

**SCHNEIDER, MICHAEL N
4215 SOUTHPOINT BLVD.
JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent

01 Name

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

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature, typed or printed name of registered agent and date of signature

Printed Name of Agent (Signature required when substituted)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	JACKSON, WILLIAM III
STREET ADDRESS	653 MONUMENT DR., #803
CITY - ST - ZIP	JACKSONVILLE FL 32225
TITLE	D
NAME	THORP, JIM
STREET ADDRESS	71 S.W. 32ND ST.
CITY - ST - ZIP	GAINESVILLE FL 32607
TITLE	P
NAME	Moore, Gene
STREET ADDRESS	215 Woodrow Street
CITY - ST - ZIP	Jacksonville, FL
TITLE	V
NAME	Domingo, Paul
STREET ADDRESS	7650 Saddle Road
CITY - ST - ZIP	Jacksonville, FL
TITLE	S/T
NAME	Harris, Marcelous
STREET ADDRESS	71 SW 32nd Street
CITY - ST - ZIP	Gainesville, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	500001482545
2.4 CITY - ST - ZIP	-05/10/95--01057--013
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	***200.00 ***200.00
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), 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: *Gene Moore* **Gene Moore**

4-28-95 **904-696-8877**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE