

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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000072152 (9)

1. Corporation Name
STATE CHEERLEADING CHAMPIONSHIPS, INC.

Principal Place of Business
71 S.W. 32ND ST.
GAINESVILLE FL 32607

Mailing Address
4215 SOUTH POINT BLVD.
JACKSONVILLE FL 32216-0976



2. Principal Place of Business

21 3161 NW 13 ST

Suite, Apt. #, etc.

22 City & State

23 GAINESVILLE FL

Zip

24 32609

Country

25 U.S.A.

2a. Mailing Address

26 P.O. BOX 15267

Suite, Apt. #, etc.

27 City & State

28 GAINESVILLE, FL

Zip

29 32604

Country

30 U.S.A.

3. Date Incorporated or Qualified
09/30/1994

3a. Date of Last Report
04/18/1996

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

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

81 Name
JIM THORP
82 Street Address (P.O. Box Number is Not Acceptable)
3402 NW 7 AVE
83
84 City
GAINESVILLE FL 85 Zip Code
32607

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

April 7 1997

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | JACKSON, WILLIAM M | |
| STREET ADDRESS | 653 MONUMENT DR., #803 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32225 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | THORP, JIM | |
| STREET ADDRESS | 71 S.W. 32ND ST. | |
| CITY-ST-ZIP | GAINESVILLE FL 32607 | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | MOORE, GENE | |
| STREET ADDRESS | 215 WOODROW ST. | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | DOMINGO, PAUL | |
| STREET ADDRESS | 7650 SADDLE RD. | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | HARRIS, MARCELOUS | |
| STREET ADDRESS | 71 SW 32ND ST. | |
| CITY-ST-ZIP | GAINESVILLE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------------|--|
| 1.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | JIM THORP | |
| 1.3 STREET ADDRESS | 3402 NW 7 AVE (NEW ADDRESS) | |
| 1.4 CITY-ST-ZIP | GAINESVILLE, FL 32607 | |
| 2.1 TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | DARREL BAGBY | |
| 2.3 STREET ADDRESS | 71 SW 32 ST | |
| 2.4 CITY-ST-ZIP | GAINESVILLE, FL 32607 | |
| 3.1 TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | RHETT LEWIS | |
| 3.3 STREET ADDRESS | 71 SW 32 ST | |
| 3.4 CITY-ST-ZIP | GAINESVILLE, FL 32607 | |
| 4.1 TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | KELEY THORP | |
| 4.3 STREET ADDRESS | 3402 NW 7 AVE | |
| 4.4 CITY-ST-ZIP | GAINESVILLE, FL 32607 | |
| 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RHETT LEWIS

4-7-97

352-376-8430

Date

Daytime Phone #

CR2E034 (9/96)