

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

FILED
Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000072152 (9)**

1. Corporation Name

STATE CHEERLEADING CHAMPIONSHIPS, INC.

Principal Place of Business

**3161 NW 13 ST
GAINESVILLE FL 32609
US**

Mailing Address

**P.O. BOX 15267
GAINESVILLE FL 32604
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	350 NW 39 AVE, SUITE D	26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	GAINESVILLE, FL	28	
Zip	Country	Zip	Country
24	32609	25	US
29		30	

3. Date Incorporated or Qualified	
09/30/1994	
4. FEI Number	Applied For
59-3275540	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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	
THORP, JIM 3402 NW 7 AVE GAINESVILLE FL 32607	

10. Name and Address of New Registered Agent	
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code
FL	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	VP
NAME	THORP, JIM	1.2 NAME	RHEA LEWIS
STREET ADDRESS	3402 NW 7 AVE	1.3 STREET ADDRESS	71 SW 32 ST
CITY-ST-ZIP	GAINESVILLE FL 32607	1.4 CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	D	2.1 TITLE	VP
NAME	THORP, JIM	2.2 NAME	DARRELL BAGBY
STREET ADDRESS	71 S.W. 32ND ST.	2.3 STREET ADDRESS	71 SW 32 ST
CITY-ST-ZIP	GAINESVILLE FL 32607	2.4 CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	P	3.1 TITLE	
NAME	MOORE, GENE	3.2 NAME	
STREET ADDRESS	215 WOODROW ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	DOMINGO, PAUL	4.2 NAME	
STREET ADDRESS	7650 SADDLE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	ST	5.1 TITLE	
NAME	HARRIS, MARCELOUS	5.2 NAME	
STREET ADDRESS	71 SW 32ND ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32607	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	
NAME	THORP, KELLEY	6.2 NAME	
STREET ADDRESS	3402 NW 7 AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32607	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

[Signature]

[Signature]

CR2E034 (10/97)