SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000076020 (4)

COLLEGIATE BOWL PINS OF FLORIDA INC.

FILED Jun 12, 1996 08:00 AM **Secretary of State**

OOLLL	divide bottle into of the	OINDA, INO					A AMIN ATOM MAN AND DATE	
Principal Piace of Business		Mailing Address	Mailing Address				<u> </u>	
2001 NE 31ST AVENUE GAINESVILLE FL 32609		POST OFFICE BOX 1216 GAINESVILLE FL 32602						
					3. Date Incorporated or Qu 10/14/1994	1	ate of Last Report /19/1995	
2. Principal Place of Business		2a. Maifing Address			4. FEI Number		Applied For	-
21 Suite, Apt.	# ata	Suite, Apt. #, etc.			59-3269166		Not Applica	
22		27 Saite, Apr. #, etc.	27		5. Certificate of Status Desi	ired 💢	\$8.75 Additional Fee Required	ı
City & State		City & State	- h—¬ ′		6. Election Campaign Finar	ncing [-]	\$5.00 May Be	
Zip Country		28]	Zip Country		Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible jax under s. 199.032.			
24	25	29	30	iu y	This corporation has liab Florida Statutes	ility for intangible Yes	tax under si 199.032, No	
	9. Name and Address of Curr		T		10. Name and Address of I		*	\dashv
0'5	STEEN, WILLIAM H			Name T	POY A. HEBE			
	D1 NE 31ST AVENUE			32 Street Addr	ess (F.O. Box Number is Not Ac	ccentable)		
GAINESVILLE FL 32609				1000	NW 4a	AVE		
				64	inesville fl			
			- -	34 City	hesinte La	-	85 Zip Code	
				(50)	insulle +	<u> </u>	137406	
office or re agent. + a	to the provisions of Sections 607.06 egistered agent, or both, in the Sta m [emil jar with, agid accept the obli	302 and 607.1508, Florida Statu le of Florida: Such change was gations of Section 607.0505, F	utes, the abo authorized l Torida Statut	ve-named corpo by the corporations.	oration submits this statement for on's board of directors. Thereby	or the purpose of a accept the appoi	changing its registered intrnent as registered	d
SIGNATURE	Signature Typetion printed name of myntered a	W Kou A. H	SAEZ	Agert signature require		DAY		
12.		ND DIRECTORS	13.	3	ADDITIONS/CHANGES TO		DIRECTORS IN 12	
TITLE	D	DELETE	11 Tilli	E			Change Addit	tion &
NAME	HEBEL, ROY A		1.2 NAM	1E				3
STREET ADDRESS	2016 NW 42ND AVENUE		1.3 STR	EET ADDRESS				}
CITY-ST-ZIP	GAINESVILLE FL 32605		1.4 CFT	'-ST-ZIP				Š
TITLE	D	DELETE	2.1 THTL	E			Change Addit	ion C
NAME	O'STEEN, WILLIAM H		2.2 NAN	IE				
STREET ADDRESS	12902 NE 1ST PLACE		23 STR	EET ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL 32641	DC: ETC		r-ST-ZIP		·····		
TITLE NAME	d Harvey, raymond r	DELETE	3 1 TITL			L	Change Addit	106
	209 SE 49TH DRIVE		3 2 NAN					
STREET ADDRESS CITY+ST+ZIP	GAINESVILLE FL 32614			ET ADDRESS				
TITLE	WHILDTILLE I L SZU14	DELETE	3.4 CiT 4.1 Tift	F ST-ZIP			Change Addit	
NAME			4 2 NA	·		L	The search of th	1011
STREET ADDRESS				FFT ADDRESS				
CITY+ST+ZIF				- ST-ZIP				
TITLE		DELETE	51 Till				Change Addit	ion
NAME		_	5.2 NAM	E		_	_ ,	
STREET ADDRESS			53STR	ET ADDRESS				
CITY+ST+ZIP				- ST-ZIP				
TITLE		DELETE	6 1 TITL			I	Change Add:	ion
NAME			6 2 NAM	E				
STREET ADDRESS			6 3 STR	ET ADDRESS				
CITY-ST-ZIP				- ST - ZIF				}
14. do hereb	by certify that the information suppri	ed with this fling is voluntarily f	furnished an	does not quali	fy for the exemption stated in Sc	ection 119 07(3)(k) Florida Statutes I	

made under oath; that I am an officer or director of the corporation or the receiver or trusted employeered to execute this report as required by Chapter 617, Florida Statutes I made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapter 617.

SIGNATURE: SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/96 352.378.2453