

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.)

APPROVED
AND
FILED

1996 SEP -9 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # PG5000076855
1. Corporation Name
BOOSTRAP CHAMPIONS CLUB, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business
21102 E. Tennessee St

21. [REDACTED]
Suite, Apt. #, etc

2a. Mailing Address
26. 3201 OAK HILL DR.
Suite, Apt. #, etc

22. TALLAHASSEE, FL
City & State

27. GARLAND, TX
City & State

23. 32308
Zip Country

28. 75043
Zip Country

3. Date Incorporated or Qualified
10-11-95

3a. Date of Last Report

4. FEI Number
59-3348185
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

10. Name and Address of New Registered Agent

81. Name ROBERT C. RYALS, JR.
82. Street Address (P.O. Box Number is Not Acceptable)
83. 1102 E. TENNESSEE STREET
84. City TALLAHASSEE FL 85. Zip Code 32308

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]
Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PRESIDENT**
STREET ADDRESS **KIMBALL D. WELLS**
CITY-ST-ZIP **3201 OAK HILL DR.**
GARLAND, TX 75043

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VICE PRESIDENT**
STREET ADDRESS **EARLY DUGAN**
CITY-ST-ZIP **2018 CHATSWORTH WAY**
TALLAHASSEE, FL 32308

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

TITLE ☐ DELETE
NAME **SECRETARY**
STREET ADDRESS **CYNDY WELLS**
CITY-ST-ZIP **3201 OAK HILL DR.**
GARLAND, TX 75043

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

☐ Change ☐ Addition
900001943173
-09/17/96--01103--025
******225.00 ****225.00**

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 119.07(3)(k), 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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-96 (214) 864-0810

CR2E034 (3/96)