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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra <u>B. Mortha</u>m

Secretary of State

1998

DIVISION OF CORPORATIONS

## DOCUMENT # P9700014437 THE SENIOR PRO-BASS TOURNAMENT TRAIL INC.

## **FILED** Mar 27 1998 8:00am Secretary of State

Principal Place of Business   Malling Address   File High ST BRR   OKECHOBER FI. 38974	ine se	INION PI	1000 FOND		YAIL, ING					
DO NOT WRITE IN THIS SPACE		_	SS		~					
2. Principal Place of Business   2a. Maining Address   3. Date Incorporated or Dutalified   02/13/1997   1. September   2a. Maining Address   3a. Fill Number   3a. Suite, Aprl #, etc.   5. Certificate of Stution Delined   58.75 Additional Pres Regulated   55. Certificate of Stution Delined   58.75 Additional Pres Regulated   55. Certificate of Stution Delined   55.00 May 69. These Regulated   55.00 May 69. Thes										
24. Making Address 25. Mining Process 26. Making Address 27. Sulfo, Apt #, etc 28. Sulfo, Apt #, etc 29. Sulfo	ONECONOBEE FE 349/4									DO NOT WRITE IN THIS SPACE
Sulle, Apt. 4, etc.    20										
Sulfa, Apt #. etc   Suito,	2. Principal Pl	lace of Busi	ness	2a. Ma	2a. Mailing Address					
City & State 27 City & State 28 City & State 29 City & State 20 City & State 2	21			26	26					65-075-16-87 Not Applicable
City & State    City & State   City & C	Suite, Apt. #, etc			Su	Suite, Apt. #, etc.					5. Certificate of Status Desired
20	<del></del>									Fee Required
Zip   Country   Zip   Solid										_ +0.00, -0
26   28   28   30   Personal Property Tax due June 30   765   No			Country		<del></del>	Col	untry			<del> </del>
1. Name and Address of Current Registered Agent			h	<del></del>		<del></del>	,			
87 14TH ST. BHR, OKECHOBEE FL 34974  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 Oity  FL 85 Zip Code  11. Pursuant to the provisions of Sections 807 0502 and 607 1508, Florida Statutues, the above-named corporation submits this statement for the purpose of changing its 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, and familiar with, and accept the objective of Section 800 of the Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. NAME  15. THE  OKEECHOBEE FL 34974  16. Change  Addition  NAME  SIRET ADDRESS  OKEECHOBEE FL 34974  16. Change  Addition  NAME  SIRET ADDRESS  OUT -51 /P  16. Change  Addition  Addition  NAME  SIRET ADDRESS  OUT -51 /P  16. Change  Addition  NAME  SIRET ADDRESS  OUT -51 /P  16. Change  Addition  NAME  SIRET ADDRESS  OUT -51 /P  16. Change  Addition  NAME  SIRET ADDRESS  OUT -51 /P  16. Change  Addition  NAME  SIRET ADDRESS  OUT -51 /P  16. Change  Addition  NAME  SIRET ADDRESS  SIRET ADDRESS  OUT -51 /P  16. Change  Addition  NAME  SIRET ADDRESS		9. Name	<u> </u>		d Agent	1991	T			
OKECHOBEE FL 34974  11. Pursuant to the provisions of Stockers 807 0502 and 607 1506. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0506, Floridas Statutes.  SIGNATURE  12. OFFICERS AND DIFFECTORS  13. ADDITIONSICHANGES TO OFFICERS AND DIFFECTORS IN 12  TITLE  12. NAME  STREET ADDRESS  DUTS 17.79  13. ADDITIONSICHANGES TO OFFICERS AND DIFFECTORS IN 12  14. INTE  15. ADDITIONSICHANGES TO OFFICERS AND DIFFECTORS IN 12  16. ADDITIONSICHANGES TO OFFICERS AND DIFFECTORS IN 12  17. OFFICER SAND DIFFECTORS IN 12  18. ADDITIONSICHANGES TO OFFICERS AND DIFFECTORS IN 12  19. ADDITIONSICHANGES TO OFFICERS AND DIFFECTORS IN 12  29. ADDITIONSICHANGES TO OFFICERS AND DIFFECTORS IN 12  29. ADDITIONSICHANGES TO OFFICERS AND DIFFECTORS IN 12  29. ADDITIONSICHANGES TO OFFICERS AND DIFFECTORS IN 12	DUI	BE, DENN	S J				81	Name		
OKECHOBEE FL 34974    Sa	87	14TH ST.	BHR,				82	Street	Addre	oss (P.O. Boy Number is Not Acceptable)
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Fiorida Statutes, the showenamed corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Sections 607 0502 and 607 1508, Fiorida Statutes, the showenamed corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 05050, Florida Statutes.  SIGNATURE  Signature  12. OFFICERS AND DIRECTORIS  13. TITLE  DUBE, DENNIS J  87 14TH ST. BHR,  OKEECHOBEE FL 34974  11. OFFICERS AND DIRECTORIS I 13. STREET ADDRESS  OUTY-ST-2PP  ORECTORIS I 12. NAME  22. NAME  23. STREET ADDRESS  OUTY-ST-2PP  1. TITLE  DELETE  3. TITLE  D	OK	EECHOBE	E FL 34974					Direct		tos (1.0. box Nambol 10 Not Acceptable)
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, 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 agont, or both, in the State of Florida Subh change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont, or both, in the State of Florida Subh change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont, or both, in the State of Florida Subh change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont, or both, in the State of Florida Subh change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont, or both, in the State of Florida Subh change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont, or both, in the State of English and accept the obligations of Statutes.  In the state of Florida Subh change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont, or both change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont, or both change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont, or both corporation's board of directors. I hereby accept the appointment as registered agont, or both corporation's board of directors. I hereby accept the appointment as registered agont, or both corporation's board of directors. I hereby accept the appointment as registered agont, or both corporation's board of directors. I hereby accept the appointment as registered agont and accept the operation's board of directors. I have a provided and							В3			
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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, and faccept the obligations of, Section 607.0505, Florida Statutes.    Signature		·•	· · · · · · · · · · · · · · · · · · ·					·		
SIGNATURE Signature institution with and accorpt the obligations of, Section 607.0506, Florida Statutes    Signature ispandor in product accorpt the obligations of registroid Agent signature inquired interior of registroid	11. Pursuant t	to the provis ealstered ac	sions of Sections 607.0 sent, or both, in the St	0502 and 607.1 ate of Florida. 9	508, Flori <b>da Stat</b> ut Such chan <b>ce w</b> as :	es, the a authorize	d by	e-named	l corpo	oration submits this statement for the purpose of changing its registered on's board of directors. I bereby accept the appointment as registered
12.	agent. I ar	m familiar w	ith, and accept the ob	ligations of, Se	ction 607.0505, Fl	orida Sta	tutes	3.	poratio	one source of anomale. Thorough the appointment as registrates
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TITLE		Signature, typed					d Age	nt signatur	e required	
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STREET ADDRESS		DUBE, (	DENNIS J							
A CITY-ST-ZIP		87 14TI	1 St. Bhr,					ADDRESS		
TITLE		OKEEC	HOBEE FL 34974						İ	
2.3 STREET ADDRESS   2.4 CITY - ST - ZIP					☐ DELETE				<b>†</b>	☐ Change ☐ Addition
2.3 STREET ADDRESS	NAME	IAME				2.2 N	AME			
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STREET ADDRESS 6.9 STREET ADDRESS										_ Change _ Nutition
								ADDRESS.		
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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 trusted ampowered 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: