FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

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

95 MAY -1 PM 1:15

DOCUMENT # **S18963** **(6)**

1. Corporate Name

EVERGLADES SPORTING CLAYS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4701 B COUNTY ROAD 951 SOUTH NAPLES FL 33961	4750 COUNTY RD 951 S. 951 SOUTH NAPLES FL 33961 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1990	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0230067	☐ 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 § 199.032, Florida Statutes: ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 4750 County Rd 951 So	26
Suite, Apt. # or Rm. # 22	Suite, Apt. # or Rm. # 27
City & State 23 Naples Florida	City & State 28
Zip 24 33962 County 25 Collier	Zip 29 Country 30

9. Name and Address of Current Registered Agent

BRANCO, ANTHONY J.
147 PEBBLE BEACH CIRCLE
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

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(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	BRANCO, ANTHONY J.	NAME	
STREET ADDRESS	147 PEBBLE BEACH CIRCLE	STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL	CITY, ST, ZIP	
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	BRANCO, LOLETA	NAME	
STREET ADDRESS	51-27 46TH STREET	STREET ADDRESS	
CITY, ST, ZIP	WOODSIDE NY	CITY, ST, ZIP	
TITLE	STD	TITLE	☐ Change ☐ Addition
NAME	BRANCO, SUSAN	NAME	
STREET ADDRESS	147 PEBBLE BEACH CIRCLE	STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL	CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an address.

SIGNATURE: Anthony Branco 5/1/95 813 793-0086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0443143 FP

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Secretary of State
DIVISION OF CORPORATIONS

APPROVED

DOCUMENT # **S19926** **(2)**

1. Corporate Name

BACKSTREET, INC.

Principal Place of Business	Mailing Address
2318 MANATEE AVE W. BRADENTON FL 34205 US	2318 MANATEE AVE W. BRADENTON FL 34205 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/17/1990**	3a. Date of Last Report: **04/28/1994**
4. FEI Number: **65-0249112**	☐ 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
7. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

LYNCH, DAVID
6302 MANATEE AVE W #1
BRADENTON FL 34209

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Section 607.0502 and/or 617.1008, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
Title	DP	Title	☐ Change ☐ Addition
Name	LYNCH, DAVID	Name	
Street Address	340 108TH ST W	Street Address	
City-State-Zip	BRADENTON FL	City-State-Zip	
Title	DVP	Title	☐ Change ☐ Addition
Name	LYNCH, JANET R.	Name	
Street Address	108 ST W	Street Address	
City-State-Zip	BRADENTON FL	City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	

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)(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 above, or on an attachment with an entry above.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27 1995

813-749-5729
Daytime Phone #

0338443 CP