

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 21 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V12666** (6)

1. Corporation Name

FLORIDA HIGH SCHOOL FOOTBALL COACHES RECRUITING SERVICES, INC.

Principal Place of Business

PO BOX 12950
700 BLOUNT BLDG
PENSACOLA FL 32576

Mailing Address

PO BOX 12950
700 BLOUNT BLDG
PENSACOLA FL 32576

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
02/10/1992

3a. Date of Last Report
05/17/1994

4. FEI Number
59-3116070

Applied For
Not Applicable

21. **8335 Chickasaw Trail**

26. **Boswell Accounting Service**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. **Tallahassee FL**

27. **322 Cloverdale Blvd.**

City & State

City & State

23. **92312 Leon**

Country

29. **32547-408 Okaloosa**

Country

24. **92312 Leon**

Country

29. **32547-408 Okaloosa**

Country

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

DANIEL, J. NIXON III
PO BOX 12950
PENSACOLA FL 32576

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: *Dwight H. Thomas*

(NOTE: Registered Agent signature required when re-registering)

DATE: **3/15/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **PD**
NAME: **THOMAS, DWIGHT H.**
STREET ADDRESS: **8335 CHECKASAW TRL.**
CITY-ST-ZIP: **TALL FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE: **STD**
NAME: **DANIEL, J. NIXON III**
STREET ADDRESS: **PO BOX 12950**
CITY-ST-ZIP: **PENSACOLA FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dwight H. Thomas*

(Type and print name of signing officer or director)

(Title)

(Date) (Month & Day)