FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # V73726 (4)

1. Corporate Name
SCORE AT TOUCHDOWN, INC.

95 MAY 11 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1709 W AIRPORT BLVD
SANFORD FL 32771

Mailing Address
1709 W AIRPORT BLVD
SANFORD FL 32771

Certificate Will Be Issued In This Space

3. Date Incorporated or Qualified: 10/22/1992
3a. Date of Last Report: 08/09/1994

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

4. FEI Number: 59-3150239 — 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. Does corporation hereby elect to be taxable for purposes of 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
BARNES, RAYNELL L.
1706 W AIRPORT BLVD
SANFORD FL 32771

10. Name and Address of New Registered Agent
91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1808, 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: Dianne Severance 5-3-95
Registered Agent Signature (Required for Registered Agent Changes)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IN 12	
TITLE	DP	TITLE	☐ Change ☐ Addition
NAME	BARNES, RAYNELL L.	NAME	
STREET ADDRESS	216 S CRYSTAL DR	STREET ADDRESS	
CITY, ST, ZIP	SANFORD FL	CITY, ST, ZIP	
TITLE	DST	TITLE	☐ Change ☐ Addition
NAME	SEVERANCE, DIANNE B.	NAME	
STREET ADDRESS	604 ROSALIA DR	STREET ADDRESS	
CITY, ST, ZIP	SANFORD 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	
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 voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on the 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of the report or on an attached sheet with an address.

SIGNATURE: Dianne Severance 5-3-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIANNE SEVERANCE 5-3-95

0043687 CP