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**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

.95 JAN 26 PM 3: 40

DOCUMENT # N93000005628 (3)

1. Corporation Name

O'BANNON SNOOK TOURNAMENT AT CABBAGE KEY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1415 HENDRY STREET FORT MYERS FL 33901	1415 HENDRY STREET FORT MYERS FL 33901

3. Date Incorporated or Qualified 12/15/1993	3a. Date of Last Report 04/13/1994
4. FEI Number 65-0460581	Applied For Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 12 800 UNIVERSITY DRIVE	25 12 800 UNIVERSITY DRIVE
22 Suite, Apt. #, etc. ONE UNIVERSITY PARK SUITE 600	27 Suite, Apt. #, etc. ONE UNIVERSITY PARK - SUITE 600
23 City & State FORT MYERS, FL	28 City & State FORT MYERS, FL
24 Zip 33907	29 Zip 33907
25 Country USA	30 Country USA

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**EDWARDS, CHARLES B
1415 HENDRY STREET
FORT MYERS FL 33901**

10. Name and Address of New Registered Agent

B1 Name	EDWARDS, CHARLES B.
B2 Street Address (P.O. Box Number is Not Acceptable)	ONE UNIVERSITY PARK - SUITE 600
B3	12 800 UNIVERSITY DRIVE
B4 City	FORT MYERS FL
B5 Zip Code	33907

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: Charles B. Edwards - **CHARLES B. EDWARDS** 1-17-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WELLS, ROBERT
STREET ADDRESS	1415 HENDRY STREET
CITY - ST - ZIP	FORT MYERS FL 33901
TITLE	D
NAME	O'BANNON, PHILLIP
STREET ADDRESS	1415 HENDRY STREET
CITY - ST - ZIP	FORT MYERS FL 33901
TITLE	D
NAME	EDWARDS, CHARLES B
STREET ADDRESS	1415 HENDRY STREET
CITY - ST - ZIP	FORT MYERS FL 33901
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WELLS, ROBERT - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ONE UNIVERSITY PK - SUITE 600
1.3 STREET ADDRESS	12 800 UNIVERSITY DRIVE
1.4 CITY - ST - ZIP	FORT MYERS, FL 33907
2.1 TITLE	O'BANNON PHILLIP - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ONE UNIVERSITY PK - SUITE 600
2.3 STREET ADDRESS	12 800 UNIVERSITY DRIVE
2.4 CITY - ST - ZIP	FORT MYERS, FL 33907
3.1 TITLE	EDWARDS, CHARLES B. - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ONE UNIVERSITY PK - SUITE 600
3.3 STREET ADDRESS	12 800 UNIVERSITY DRIVE
3.4 CITY - ST - ZIP	FORT MYERS, FL 33907
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles B. Edwards - **CHARLES B. EDWARDS** 1-17-95 813 489-1776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year)