

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 738599 (0)

1. Corporation Name  
UNIFIED SPORTSMEN OF FLORIDA, INC.



Principal Place of Business Mailing Address  
110-A SOUTH MONROE ST P.O. BOX 6565  
P.O. BOX 6565 TALLAHASSEE FL 32314-6565  
TALLAHASSEE FL 32301 US  
US

3. Date Incorporated or Qualified 04/07/1977  
3a. Date of Last Report 02/27/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-1725104  
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 s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SORENSEN, H. T.  
135 BELMONT ROAD  
TALLAHASSEE FL 32301

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P [ ] DELETE  
NAME PATRONIS, JOHN  
STREET ADDRESS 2601 NOBLE DRIVE  
CITY-ST-ZIP TALLAHASSEE FL  
TITLE D [ ] DELETE  
NAME SCHROEDER, CHERRY  
STREET ADDRESS 2332 TREE RIDGE LANE  
CITY-ST-ZIP ORLANDO FL  
TITLE D [ ] DELETE  
NAME MENDIOLA, RUBEN  
STREET ADDRESS 6448 S DIXIE HWY  
CITY-ST-ZIP MIAMI FL  
TITLE D [ ] DELETE  
NAME SORENSEN, HANK  
STREET ADDRESS 135 BELMONT ROAD  
CITY-ST-ZIP TALLAHASSEE FL  
TITLE ST [ ] DELETE  
NAME ALLIGOOD, SARA S.  
STREET ADDRESS 110-A SOUTH MONROE STREET  
CITY-ST-ZIP TALLAHASSEE FL  
TITLE ED [ ] DELETE  
NAME HAMMER, MARION P.  
STREET ADDRESS 110-A S. MONROE STREET  
CITY-ST-ZIP TALLAHASSEE FL

1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE [ ] Change [ ] Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sara S. Alligood* SARA S. Alligood 1-9-97 (901) 222-8973  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0006569

CR2E037 (9/96)