

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000067715 (1)

1. Corporation Name:
TEGS ENTERPRISES, INC.



Principal Place of Business:
3618 ENTERPRISE ROAD EAST
SAFETY HARBOR FL 34695

Mailing Address:
3618 ENTERPRISE ROAD EAST
SAFETY HARBOR FL 34695-5409

3. Date Incorporated or Qualified 09/29/1993	3a. Date of Last Report 02/15/1996
4. FEI Number 59-3198740	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

GETZ, TERRY
3618 ENTERPRISE ROAD EAST
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GETZ, SUE O	1.2 NAME	
STREET ADDRESS	3618 ENTERPRISE ROAD EAST	1.3 STREET ADDRESS	
CITY- ST- ZIP	SAFETY HARBOR FL 34695	1.4 CITY- ST- ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GETZ, TERRY E	2.2 NAME	
STREET ADDRESS	3618 ENTERPRISE ROAD EAST	2.3 STREET ADDRESS	
CITY- ST- ZIP	SAFETY HARBOR FL 34695	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sue O. Getz REQUIRED Sue O. Getz, President 3/19/97 813/791-8004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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DOCUMENT # **P25869**

(9)

1. Corporation Name
SPORTS & RECREATION, INC.



Principal Place of Business

**4701 WEST HILLSBOROUGH AVENUE
TAMPA FL 33614**

Mailing Address

**4701 WEST HILLSBOROUGH AVENUE
TAMPA FL 33614-5419**

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
09/01/1989

3a. Date of Last Report
04/29/1996

4. FEI Number
52-1643157

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

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

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

(Signature type and printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
D	SULLIVAN, CHRIS T.	550 N. REO, SUITE 204	TAMPA FL	<input type="checkbox"/>
D	RAYMUND, STEVEN A.	5350 TECH DATA DRIVE	CLEARWATER FL	<input type="checkbox"/>
CDP	BEBIS, STEPHEN	4701 W. HILLSBOROUGH AVE.	TAMPA FL 33614	<input type="checkbox"/>
V	SPRINGER, RAYMOND P	4701 W. HILLSBOROUGH AVE.	TAMPA FL 33614	<input type="checkbox"/>
D	MARTIN, R. BRADLEY	5810 SHELBY OAKS	MEMPHIS TN	<input type="checkbox"/>
V	WITTMAN, ROBERT J	4701 W. HILLSBOROUGH AVE.	TAMPA FL 33614	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	Change	Addition
SEE ATTACHED						
2.1	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 included 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/97

813-886-9688

Date

Daytime Phone #

CR2E034 (9/96)