

**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 MAY -1 PM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000020785 (9)**

1. Corporation Name

**THE SPORTS LOCKER OF MARIANNA, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>4519 LAFAYETTE ST. MARIANNA FL 32446</b>	Mailing Address <b>4519 LAFAYETTE ST. MARIANNA FL 32446</b>
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3. Date Incorporated or Qualified <b>03/17/1994</b>	3a. Date of Last Report
4. FEI Number <b>59-3238165</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**FUQUA, HARRY M  
4450 LAFAYETTE ST.  
MARIANNA FL 32446**

10. Name and Address of New Registered Agent

**81 Name Kip Hardy**  
**82 Street Address (P.O. Box Number is Not Acceptable) 4647 Clayton Dr.**  
**83**  
**84 City MARIANNA FL 85 Zip Code 32446**

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 agent 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, typed or printed name of registered agent and the # applicable. (NOTE: Registered Agent signature required when resigning.) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<b>HARDY, KIP</b>
NAME	<b>4647 CLAYTON DR.</b>
STREET ADDRESS	<b>MARIANNA FL 32446</b>
CITY, ST, ZIP	
TITLE <b>D</b>	<b>JENNINGS, FOSTER L JR.</b>
NAME	<b>4259 2ND AVE.</b>
STREET ADDRESS	<b>MARIANNA FL 32446</b>
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP
31 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME <b>Hardy Nancye A. SIT</b>
33 STREET ADDRESS <b>4647 Clayton Dr.</b>
34 CITY, ST, ZIP <b>MARIANNA, FL 32446</b>
41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP
51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP
61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME
63 STREET ADDRESS
64 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 of this report, or on an attachment with an address.

SIGNATURE: *Kathy Kip Hardy* **Kip Hardy** **3-2-95** **904 5262591**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR DATE PHONE NUMBER