FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **176875** **(3)**

1. Corporation Name
EVERGLADES SPORTSERVICE INC

Principal Place of Business	Mailing Address
438 MAIN ST BUFFALO NY 14202	438 MAIN ST BUFFALO NY 14202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/09/1954**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **16-0778226** ☐ 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 § 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 of new or previous registered agent per filing requirement) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT	11 TITLE	D ☒ Change ☐ Addition
NAME	RAHUBA, JESSICA	12 NAME	RAHUBA, JESSICA
STREET ADDRESS	438 MAIN ST	13 STREET ADDRESS	438 MAIN ST
CITY ST ZIP	BUFFALO, NY 00000	14 CITY ST ZIP	BUFFALO, NY
TITLE	PD	21 TITLE	VT ☐ Change ☒ Addition
NAME	THOMPSON, MICHAEL F	22 NAME	SMITH, GORDON C.
STREET ADDRESS	438 MAIN ST	23 STREET ADDRESS	438 MAIN ST
CITY ST ZIP	BUFFALO, NY 00000	24 CITY ST ZIP	BUFFALO, NY
TITLE	AS	31 TITLE	☐ Change ☐ Addition
NAME	CHAMBERS, DAVID J. G.	32 NAME	
STREET ADDRESS	438 MAIN ST	33 STREET ADDRESS	
CITY ST ZIP	BUFFALO, NY 00000	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	DANIELS, NORMAN W.	42 NAME	
STREET ADDRESS	438 MAIN ST.	43 STREET ADDRESS	
CITY ST ZIP	BUFFALO NY	44 CITY ST ZIP	
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	KELLER, BRYAN	52 NAME	KELLER, BRYAN J.
STREET ADDRESS	438 MAIN ST.	53 STREET ADDRESS	438 MAIN ST
CITY ST ZIP	BUFFALO NY	54 CITY ST ZIP	BUFFALO NY
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	TRYBUS, JANICE R.	62 NAME	
STREET ADDRESS	438 MAIN ST	63 STREET ADDRESS	
CITY ST ZIP	BUFFALO, NY 00000	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)(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: Janice R. Trybus Secy JANICE R. TRYBUS 4/27/95 (716) 858-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001002 CP