

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

95 APR -7 AM 4:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **279213** (3)  
1. Corporation Name:  
**CHARLIE COLEMAN'S NORTHSIDE SPORT SHOP, INC.**

Principal Place of Business: **6817 NORWOOD AVE JACKSONVILLE FL 32208**  
Mailing Address: **6817 NORWOOD AVE JACKSONVILLE FL 32208**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/06/1964** 3a. Date of Last Report: **04/01/1994**  
4. FEI Number: **59-1036021** 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

2. Principal Place of Business: 21 **3710 S. FLETCHER AVE.** 2a. Mailing Address: 26 **3710 S. FLETCHER AVE.**  
Suite, Apt. #, etc.: Suite, Apt. #, etc.:  
22 City & State: **FERNANDINA FL 32034** 27 City & State: **FERNANDINA FL 32034**  
23 Zip: Country: 29 Zip: Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLEMAN, CHARLIE  
3710 S. FLETCHER AVE  
FERNANDINA FL 32034**

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:

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
PD	COLEMAN, CHARLIE	3710 S FLETCHER AVE	FERNANDINA FL
STD	COLEMAN, ELEANOR	3710 S FLETCHER AVE	FERNANDINA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(1)(b), 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 I had personally made. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of a change of or on any statement with an address.

SIGNATURE: *Charlie Coleman* CHARLIE COLEMAN  
DISTRICT AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-261-5219  
(caption: 1994)