

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT CORPORATION
ANNUAL REPORT
1995**



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

FILED
95 JUL 21 PM 12:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 302591 (3)

1. Corporation Name

THE MILTON SPORT SHOP, INC.

Principal Place of Business

**714 STEWART STREET, SOUTHEAST
MILTON FL 32570**

Mailing Address

**714 STEWART STREET, SOUTHEAST
MILTON FL 32570**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1966

3a. Date of Last Report

06/28/1994

4. FEI Number

59-1114605

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. 120.022, Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 5172 STEWART ST.

2a. Mailing Address

26 5172 STEWART ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MILTON, FL

City & State

28 MILTON, FL

Zip

24 32570

Country

25 SANTA ROSA

Zip

29 32570

Country

30 SANTA ROSA

9. Name and Address of Current Registered Agent

**WILEY, M.R.
825 LARK AVE.
MILTON FL 32570**

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 the agent or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**P
WILEY, M.R., SR.
825 LARK AVE.
MILTON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**V
WILEY, J.R., SR.
600 LAKESHORE DRIVE
MILTON FL**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**TD
WILEY, BETTY R
600 LAKESHORE DRIVE
MILTON FL**

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**D
WILEY JR, J R
304 OAK ST
MILTON FL**

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

☐ Change ☐ Addition

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 11D 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 if changed, or on an attachment with an address.

SIGNATURE:

Marvin R. Wiley **MARVIN R. WILEY**

Pres. **Pres.**

7/18/91 **7/18/91**

904-623-8300 **904-623-8300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR