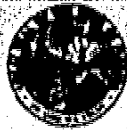


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 399054 (6)

1. Corporation Name

ATHLETIC MOTIVATION CORPORATION

Principal Place of Business

Mailing Address

**849 N GARFIELD AVE
DELAND FL 32724**

**849 N GARFIELD AVE
DELAND FL 32724**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
04/11/1972

3a. Date of Last Report
06/30/1994

4. FEI Number
59-1445150

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILKES, GLENN
849 N GARFIELD AVE
DELAND FL 32424**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	WILKES, GLENN
STREET ADDRESS	849 N GARFIELD AVE
CITY - ST - ZIP	DELAND, FL 00000 32724
TITLE	SD
NAME	WILKES, JANE
STREET ADDRESS	849 N GARFIELD AVE
CITY - ST - ZIP	DELAND, FL 00000 32724
TITLE	D
NAME	WILKES, THOMAS TARRA CAREY-WILKES
STREET ADDRESS	849 N GARFIELD AVE
CITY - ST - ZIP	DELAND, FL 00000 32724
TITLE	D
NAME	WILKES, SCOTT
STREET ADDRESS	849 N GARFIELD AVE
CITY - ST - ZIP	DELAND, FL 00000 32724
TITLE	D
NAME	WILKES, ANGELA
STREET ADDRESS	849 N GARFIELD AVE
CITY - ST - ZIP	DELAND, FL 00000 32724
TITLE	D
NAME	WILKES, ROBERT
STREET ADDRESS	849 N GARFIELD
CITY - ST - ZIP	DELAND FL 32724

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	WILKES, GLENN N JR.	
1.3 STREET ADDRESS	849 N GARFIELD	
1.4 CITY - ST - ZIP	DELAND, FL 32724	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 if changed, or on an attachment with an address.

SIGNATURE:

GLENN N. WILKES

Glenn N Wilkes

4/28/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature) (Typed Name)