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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

441521

(2)

SPORTSMAN'S WORLD, INC.

Principal Place of Business Mailing Address					
393 N TEMPLE AVE P.O. BOX 517					
STARKE FL		STARKE FL 32091			
US		US		3. Date Incorporated or Qualified	3a. Date of Last Report
				12/10/1973	01/25/1995
2. Principal Pla	ce of Business	2a. Mailing Address	= -1- O1-	4. FEI Number	Applied For
21 Sau	me	26 393 N. 14	emple the	59-1502405	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	,	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City State 28 Starte	Florida	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip 2001	Country/ S	8. This corporation has liability for in	
24	25		10 UO	Florida Statutes	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent
B1 Name				Vernie Y. Od	on
ODOM, J.D. JR. B2 Street Adding				ess (P.O. Box Number is Not Acceptable	
393 N. TEMPLE AVE.				ON. Lempis	e ave.
STARKE FL 32091					
			84 City	tarke	FL 85 Zip Code 09 1
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above named corpor	ation submits this statement for the pur	pose of changing its registered office
or registere familiar wit	ed agent, or both, in the State of Hond h, and accept the obligations	a Such change was authorized on 607,0505, Florida Statutes.	by the corporation's boar	d of directors. I hereby accept the appo	bintment as registered agent. I am
SIGNATURE 6	Stgnature, typed or printed name of registured agent a	don.	Bogistered Agent signature require:	4,	130/16
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	D	DELETE.	1. 1 Till.E		CERS AND DIRECTORS IN 12  Change Addition
NAME	ODOM, J. D. JR.	Λ	1.2 NAME		
STREET ADDRESS	393 N. TEMPLE AVE		1.3 STREET ADDRESS		,
CITY-ST-ZIP	STARKE FL		1.4 CrTY-ST-ZiP		
TITLE	D	☐ DELETE	2 1 TITLE	)P 1	
NAME	ODOM, (JOHN D. III)		22 NAME	John D. Odom 393 N. Temple	
STREET ADDRESS	393 N. TEMPLE AVE.		23 STREET ADDRESS	393 N. Temple	, ave.
CITY-ST-7/P	STARKE FL		2.4 CITY - ST - ZIP	Starke, FL.	32091
TITLE	STD	DEFELE	3 1 TITLE	, .	Change Addition
NAME	ODOM, VERNIE P.		3.2 NAME	•	
STREET ADDRESS	393 N. TEMPLE AVE.		3.3. STREET ADDRESS		
DITY-ST-7/P	STARKE FL	<u>-</u>	3 4 CITY-ST-ZIP		
TITLE	D	DELETE	4. 1 TITLE		Change Addition
NAME	ODOM, VERNIE P	, ,	4.2 NAME		
STREET ADDRESS	318 NORTH WALNUT ST		4.3 STREET ADDRESS		<i>\</i>
CITY-ST-7/IP	STARKE FL		4.4 CITY-ST-ZIP		
TITLE		DELETE	5. 1 TITLE		Change Addition
NAME			5.2 NAME	John C. Udon	$\sim_{\alpha}$
STREET ADDRESS			5.3 STREET ADDRESS	393 N. Temple	ave.

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 indicad 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 cath; that I am an officer or director of the corporation of the corporat

5 4 CITY-ST-71P

6.3 STREET ADDRESS

6 1 1 ITLE

62 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

1 904964-6374

Addition