## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 612332 1. Corporation Name

ATHLETIC DIE COMPANY, INC.

**FILED** May 04, 1999 8:00 am Secretary of State

05-04-1999 90071 009 \*\*\*150.00



Principal Place	of Business	Mailing A	Address				1 1961/9 61/81 1/818 1/808 1/108 1/110	.,, 61911 65811 61		
2160-B SADLER RD. 2160-B SADLER RD FERNANDINA BEACH FL 32034 US US				034	34		DO NOT WRITE IN T	HIS SPACE		
00		50					3. Date Incorporated or Qualifed 03/09/1979			
Principal Place of Business     2a. Mailing Address							4, FEI Number		Applied For	
21		26				_	59-1885365		Not Applicable	
Suite, Apt.							5. Certificate of Status Desired		5 Additional Required	
City & State	City & State						6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be		
Zip	Zip Country		Zip · Country				8. This corporation owes the current year Intangible			
24	25	29	[:	30			Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Curr	rent Registered	Agent				10. Name and Address of New Register	ed Agent		
					81	Name				
	Brook,H Leon   Independent Sq.,One Ind	EPENDENT DR	<b>l.</b>		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		· ·	
	SONVILLE FL			ŀ	83					
					84	City		ĪL∣∣	Zip Code	
office or o	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida. Sui	ch change was au	tnonzea	DV	the corporatio	oration submits this statement for the purposin's board of directors. I hereby accept the ap	of changing opointment a	its registered s registered	
SIGNATURE										
DIONATORE	Signature, typed or printed name of registered				Ageni	t signature required				
12.		AND DIRECTOR		13.		·	ADDITIONS/CHANGES TO OFFICERS			
TITLE	PS		☐ DELETE	1.1 TIT				Char	igeAddiaon	
NAME	CLOWER,MICHAEL B			1.2 NA	ME					
STREET ADDRESS				1.3 STF	REET	ADDRESS				
CITY-ST-ZIP	FERNANDINA BCH FL			1.4 CIT		r-ZIP		☐ Char	nge Addition	
TITLE	Т		☐ DELETE	2.1 TIT				□ Çila:	ige	
NAME	CLOWER, W.S.				2.2 NAME					
STREET ADDRESS				2.3 STF	2.3 STREET ADDRESS					
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TITLE			□ DEL€TE	6.1 III				[ ] Cilai	igo 🔲 Addisioi	
NAME						ADORESS				
STREET ADDRESS				6.3 S H		1				

14. I hereby certify that the information supplied with this filing 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 afact ment with an address, with all other like empowered.

SIGNATURE: