

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 821053 (6)

1. Corporation Name

WORLD WIDE SPORTSMAN, INC.

Principal Place of Business

U. S. #1
P.O. BOX 787
ISLAMORADA FL 33036

Mailing Address

U. S. #1
P.O. BOX 787
ISLAMORADA FL 33036



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 1935 S. CAMPBELL
Suite, Apt. #, etc.

27 City & State

28 SPRINGFIELD, MO

29 Zip

65898

30 Country

GREENE

9. Name and Address of Current Registered Agent

HOMMELL JR., GEORGE
82245 OVERSEAS HWY.
ISLAMORADA FL 33036

3. Date Incorporated or Qualified

01/09/1968

3a. Date of Last Report

03/16/1995

4. FEI Number

59-1198371

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

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

(NOTE: Registered Agent's signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS
NAME HOMMELL, GEORGE JR
STREET ADDRESS P.O. BOX 452 N/A
CITY-ST-ZIP ISLAMORADA, FL 00000 ☒ DELETE

TITLE VT
NAME PATE, WILLIAM W JR
STREET ADDRESS P.O. DRAWER 787 N/A
CITY-ST-ZIP ISLAMORADA FL ☒ DELETE

TITLE D
NAME MONROE, BEATRICE P
STREET ADDRESS 133 LEONI DR
CITY-ST-ZIP ISLAMORADA FL ☒ DELETE

TITLE D
NAME HOMMELL, DORIS L
STREET ADDRESS P.O. BOX 787 N/A
CITY-ST-ZIP ISLAMORADA FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME MORRIS, JOHN L.

1.3 STREET ADDRESS 1935 S. CAMPBELL

1.4 CITY-ST-ZIP SPRINGFIELD, MD 65898

2.1 TITLE V ☐ Change ☒ Addition

2.2 NAME HENRY, SUSIE

2.3 STREET ADDRESS 1935 S. CAMPBELL

2.4 CITY-ST-ZIP SPRINGFIELD, MD 65898

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:

SUSIE HENRY
EXECUTIVE VICE PRESIDENT

4/23/96

417-887-1915

Date

Daytime Phone #

CR2E034 (12/95)