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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000003629 (2)

1. Corporation Name

PIKE CREEK SPORTS GROUP, INC.



Principal Place of Business

RT 2 BOX 376-A  
ADEL GA 31620

Mailing Address

RT 2 BOX 376-A  
ADEL GA 31620

3. Date Incorporated or Qualified

07/12/1994

3a. Date of Last Report

03/15/1995

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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 or officer or director

(NOTE: Registered Agent signature required when agent changes)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	QUINN, STEVEN	
STREET ADDRESS	402 SHERWOOD DR.	
CITY - ST - ZIP	NASHVILLE GA 31639	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ALLEN, JAMES L JR	
STREET ADDRESS	402 S. PARRISH AVE.	
CITY - ST - ZIP	ADEL GA 31620	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ALLEN, JAMES L SR	
STREET ADDRESS	RT 2 BOX 376-A	
CITY - ST - ZIP	TIFFON GA 31793	
TITLE	Secretary/Treasurer	<input type="checkbox"/> DELETE
NAME	Kim Allen Boling	
STREET ADDRESS	Rt. 2 Box 376 A	
CITY - ST - ZIP	Adel GA 31601	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kim Allen Boling
4.3 STREET ADDRESS	Rt. 2 Box 376 A
4.4 CITY - ST - ZIP	Adel, GA 31620
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Kim Allen Boling*

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

912-896-7581

CR2E034 (12/95)