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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G77723** **(6)**

1. Corporation Name

LIBERTY SPORT SHOP, INC.

Principal Place of Business	Mailing Address
% JAMES E. CARTWRIGHT 951 US HWY 90 W DEFUNIAK SPRINGS FL 32433 US	% JAMES E. CARTWRIGHT 294 WESLEY ROAD DEFUNIAK SPRINGS FL 32433 US

3. Date Incorporated or Qualified: 01/06/1984
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2352461 ☐ 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 % James T. Casey	26 % James T. Casey
22 Suite, Apt. #, etc. 951 W. Hwy 90	27 Suite, Apt. #, etc. 951 W. Hwy 90
23 City & State DeFuniakSprings FL	28 City & State DeFuniakSprings FL
24 Zip 32433 25 Country US	29 Zip 32433 30 Country US

9. Name and Address of Current Registered Agent

CARTWRIGHT, JAMES E.
294 WESLEY ROAD
U.S. HWY 90 W.
DEFUNIAK SPRINGS FL 32433

10. Name and Address of New Registered Agent

81 Name: James T. Casey
82 Street Address (P.O. Box Number is Not Acceptable): 951 W. Hwy 90
83
84 City: DeFuniakSprings FL FL 85 Zip Code: 32433

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: James Casey, JAMES CASEY - President-Director DATE: 4-12-1996
Signature, type or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP CARTWRIGHT, JAMES E. 294 WESLEY ROAD DEFUNIAK SPRINGS FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P/T/D James T. Casey 951 W. Hwy 90 DeFuniak Springs FL. 32433	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARTWRIGHT, MARY H. 294 WESLEY ROAD DEFUNIAK SPRINGS FL	■ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VP/D James T. Cartwright 951 W. Hwy 90 De Funiak Springs FL. 32433	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CASEY, JAMES 951 US HWY 90 W DE FUNIAK SPRINGS FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	S/D Carol A. Casey 951 W. Hwy 90 DeFuniakSprings FL. 32433	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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: James Casey - James Casey 4-12-1996 904-892-5518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
President-Director FAX 904-892-5519