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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socrelary of State
DIVISION OF CORPORATIONS

DOCUMENT # G77723

(6)

LIBERTY SPORT SHOP, INC.

FILED
May 13 1997 8:00am
Secretary of State

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Principal Place of Business Mailing Address				818H 818H 818H	OTOTI BIBIL OLOM 1981		
* JAMES E. CARTWRIGHT 951 US HWY 90 W DEFUMAK SPRINGS FL 32433 US		% JAMES E. CARTWRIGHT 951 W HWY 80 DEFUNIAK SPRINGS FL 32433-1442 US					
				3. Date Incorporated or Qualified 01/06/1984	3a. Date o	of Last Hoport /1996	
<u> </u>	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-2352461		Not Applicab
Suite, Apt. (Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required
City & State	•	City & State			6. Election Campaign Financing		\$5.00 May Be
23	Country	7 (p			Trust Fund Contribution	<u> </u>	Added to Fees
Zip	Country	h1	30 Cou	ıţry	8. This corporation has liability for in	ntangible tax Yes 🔲 N	under s. 199.032,
24	9. Name and Address of Currer	29 of Registered Agent	[30]		10, Name and Address of New Reg		
CAC				81 Name			
	EY, JAMES T.		ļ		**		
951 W HWY 90 DEFUNIAK SPRINGS FL 32433				82 Street Address (P.O. Box Number is Not Acceptable)			
, DCF	DINEN OFFINION FL 02400		İ	63			
			-	04 65			-T-7-76-3
				84 City		FL	5 Zip Code
SIGNATURE .	Signature typed or printed name of registered ag	ent and tile Lapplicable D DIRECTORS	(NOTE: Registered	Agent signature re	quired when reinstaling) ADDITIONS/CHANGES TO OF FIC	DATE	DECTODS IN 12
TITLE	PTD	DELETE		. r	ADDITIONS/CHANGES TO OFFIC		Change Addition
NAME	CASEY, JAMES T.	□ Marit	1.2 NA			L	Change
STREET ADDRESS	951 W HWY 90			RELI ADDRESS			
CITY-ST-ZIP	DEFUNIAK SPRINGS FL			Y-ST-ZIP			
TITLE	VPD	DFLETE					Change Addition
NAME	CARTWRIGHT, JAMES T.		2.2 NA	ME			
STREET ADDRESS	951 W HWY IO		2.3 ST	REET ADDRESS			
CITY-ST-ZIP	DEFUNIAK SPRINGS FL		2. 4 CI	IY-S1-ZIP			
TITLE	SD	☐ DELETE	3.1 111	i.F			Change L Addition
NAME	CASEY, CAROL A.		3.2 NA	ł			
STREET ADDRESS	951 W HWY 90			REF FADDRESS	•		
CITY-ST-ZIP	DE FUNIAK SPRINGS FL			IY-SI-ZIP			Change Additi
TITLE NAME		L. J ULLETE	4.1 1)1	İ		LI	Change Additi
STREET ADDRESS			4 2 N/	l			
CITY-ST-ZIP				REET ADDRESS			
TITLE		DELETE		Y-SI-ZIP LE			Change Addition
NAME			5 2 NA			_	, <u></u>
STREET ADDRESS				KEET ADORESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		☐ DELETE	6.1 111				Change Addition
NAME			6.2 NA	ME]			
STREET ADDRESS			6.3 \$11	RELLACIONESS			
CITY-ST-ZIP			6.4 CP	Y-S1-71P			
14. I do hereb	by certify that the information supplies	d with this filing does not a	jualify for the i		ted in Section 119.07(3)(i), Florida Statutes	I further ce	tify 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 flood, 13 if change of me an attachment with an address.