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PROFIT CORPORATION ANNUAL REPORT.

1996

FLORIDA DEPARTMENT OF STATE
Sandra
Secretary
DIVISION OF CORPORATIONS

DOCUMENT # **H38256** **(4)**

1. Corporation Name

PRO SPORTS, INC.

Principal Place of Business	Mailing Address
% LUJANE D. NEUDECKER 700 BRIAN CIRCLE MARY ESTHER FL 32569	% LUJANE D. NEUDECKER 700 BRIAN CIRCLE MARY ESTHER FL 32569

3. Date Incorporated or Qualified: **01/15/1985**
3a. Date of Last Report: **03/29/1995**

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: **59-2480712** ☐ 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

9. Name and Address of Current Registered Agent

NEUDECKER, LUJANE D.
700 BRIAN CIRCLE
MARY ESTHER FL 32569

10. Name and Address of New Registered Agent

81 Name: Bobby D. Carmichael
82 Street Address (P.O. Box Number is Not Acceptable): 144 Mary Esther Plaza Suite #10
83 City: Mary Esther, Fl. 32569
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: Bobby D. Carmichael 5-7-96
(Signature, typed or printed name of registered agent, and title, if applicable) (NOTE: Registered Agent's signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	NEUDECKER, JERRY		1.2 NAME	Bobby D. Carmichael	
STREET ADDRESS	700 BRIAN CIRCLE		1.3 STREET ADDRESS	144 Mary Esther Plaza Suite #10	
CITY-ST-ZIP	MARY ESTHER FL		1.4 CITY-ST-ZIP	Mary Esther, Fl. 32569	
TITLE	VS	☐ DELETE	2.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	NEUDECKER, LUJANE D.		2.2 NAME	Bobby D. Carmichael	
STREET ADDRESS	700 BRIAN CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARY ESTHER FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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)(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 attachment with an address.

SIGNATURE: Bobby D. Carmichael 4-26-96 904-244-4887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #