

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
3-6472

DOCUMENT # **H68575**

(0)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STEVE'S SPORTS SHOP, INC.

Principal Office Address
**112 BODENHAM RD
LAKE PLACID FL 33852-7051**

Mailing Address
**112 BODENHAM RD
LAKE PLACID FL 33852-7051**

IF NOT APPLICABLE TO THIS REPORT

2. Filing Date of this Report		3. Date Incorporated or Created		3a. Date of Last Report	
21		07/26/1985		03/08/1994	
22. State of Incorporation		4. FIC Number		Applied For	
22		59-2551006		Not Applicable	
23. City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees	
23		6. Election Campaign Financing Trust Fund Contribution		☐ ☐	
24. Filing Office		8. This corporation has elected to adhere to the Florida Corporate Code		☐ Yes ☐ No	
24		25. Filing Office		29. Filing Office	
25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BULLARD, STEPHEN J.
600 LAKE FRANCIS RD.
LAKE PLACID FL 33852**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 Florida Statutes, the above named corporation submits the 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 of Registered Agent or Registered Agent in Charge

Signature of Registered Agent or Registered Agent in Charge

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
12.1 NAME	PD BULLARD, STEPHEN J. 600 LAKE FRANCIS RD. LAKE PLACID FL	13.1 NAME	☐ Change ☐ Addition
12.2 NAME	VS BULLARD, BARBARA ANN 600 LAKE FRANCIS RD. LAKE PLACID FL	13.2 NAME	☐ Change ☐ Addition
12.3 NAME	TD BULLARD, BARBARA ANN 600 LAKE FRANCIS RD. LAKE PLACID FL	13.3 NAME	☐ Change ☐ Addition
12.4 NAME		13.4 NAME	☐ Change ☐ Addition
12.5 NAME		13.5 NAME	☐ Change ☐ Addition
12.6 NAME		13.6 NAME	☐ Change ☐ Addition
12.7 NAME		13.7 NAME	☐ Change ☐ Addition
12.8 NAME		13.8 NAME	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not violate the provisions stated in Sections 607.0505, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my corporate seal bears the correct corporate seal of the corporation. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes, and that my corporate seal bears the correct corporate seal of the corporation.

SIGNATURE:

Barbara Ann Bullard *Barbara Ann Bullard*

4/1/95

813465-0977

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR