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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H68575

(0)

1. Corporation Name

STEVE'S SPORTS SHOP, INC.



Principal Place of Business

112 BODENHAM RD
LAKE PLACID FL 33852-7051

Mailing Address

112 BODENHAM RD
LAKE PLACID FL 33852-7051

3. Date Incorporated or Qualified

07/26/1985

3a. Date of Last Report

02/14/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-2551006

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

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 of officer, director, or registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

PD
BULLARD, STEPHEN J.
600 LAKE FRANCIS RD.
LAKE PLACID FL

1.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

VS
BULLARD, BARBARA ANN
600 LAKE FRANCIS RD.
LAKE PLACID FL

1.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

TD
BULLARD, BARBARA ANN
600 LAKE FRANCIS RD.
LAKE PLACID FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ DELETE

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

2.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

2.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ DELETE

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

3.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

3.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ DELETE

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

4.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

4.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ DELETE

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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: *Barbara Ann Bullard* **BARBARA ANN BULLARD**

1-13-97

941-465-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)