SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:45

DOCUMENT # **J43618** **(4)**

1. Corporation Name
GLORY DAYS SPORTS, INC.

Principal Place of Business	Mailing Address
% JOHN HENNINGER 8535-41 BAYMEADOWS RD JACKSONVILLE FL 32216	% JOHN HENNINGER 8535-41 BAYMEADOWS RD JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/20/1986
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-2737522 ☐ 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 [illegible] for extraordinary fee under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 % JOHN HENNINGER	26 % JOHN HENNINGER
Suite, Apt. #, etc. 22 2625 SENECA DR	Suite, Apt. #, etc. 27 2625 SENECA DR
City & State 23 JACKSONVILLE, FL	City & State 28 JACKSONVILLE, FL
Zip / County 24 32259 / 25 ST. JOHNS	Zip / County 29 32259 / 30 ST. JOHNS

9. Name and Address of Current Registered Agent

HENNINGER, JOHN
8535-41 BAYMEADOWS RD
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2625 SENECA DR
83
84 City: JACKSONVILLE FL 85 Zip Code: 32259

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: [illegible] DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (#'s 12
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD HENNINGER, JOHN 3460 DOCKSIDER DR S. JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	SDT HENNINGER, TERESA A. 3460 DOCKSIDER DR S. JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	

☐ Change ☐ Addition

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: Teresa Henninger 6/27/95 (904) 287-4815
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (3/95)

0130074 FP