

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra R. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K19481

(6)

1. Corporation Name

SPORTS QUEST, INC.



Principal Place of Business

% H. STEPHEN YOUNG
5086 S FEDERAL HWY
STUART FL 34997

Mailing Address

% H. STEPHEN YOUNG
5086 S FEDERAL HWY
STUART FL 34997

3. Date Incorporated or Qualified

03/29/1988

3a. Date of Last Report

04/25/1995

4. FCI Number

65-0042520

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

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL 85. Zip Code

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip County

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip County

9. Name and Address of Current Registered Agent

YOUNG, H. STEPHEN
5086 S FEDERAL HWY
STUART FL 34997

11. Pursuant to the provisions of Sections 607.0402 and 607.1504, 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 607.0406, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement

Signature of the person who is authorized to sign this statement

Date

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME PD
YOUNG, H. STEPHEN
STREET ADDRESS 1123 S.W. PIGEON PLUM WA
CITY, ST, ZIP PALM CITY FL

2. TITLE ☐ DELETE

NAME VST
YOUNG, PENNY A.
STREET ADDRESS 1123 SW PIGEON PLUM WAY
CITY, ST, ZIP PALM CITY FL

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

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(9)(k), 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 and I agree as an individual 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 in an addition, if an addition.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96 407 287-9245

CR2E034 (12/95)