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FILED

Apr 25 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 # L06182

(4)

1. Corporation Name

SKIP FORSYTH PRO SHOP, INC.

Principal Place of Business

~~110 N ORLANDO AVE~~ 330 S Orlando Ave
~~MAITLAND FL 32751~~ Maitland, FL
US 32751

Mailing Address

~~604 ORANGE DRIVE~~ 602 Calibre Crest Pkwy 101
~~ALT SPRINGS FL 32701-4715~~ Altamonte Springs, FL 32714
US

2. Principal Place of Business

21 330 S. Orlando Ave
Suite, Apt. #, etc.

22 City & State
Maitland, FL

23 Zip
32751

24 Country
US

25 Mailing Address

26 602 Calibre Crest Pkwy
Suite, Apt. #, etc. # 101

27 City & State
Altamonte Springs, FL

28 Zip
32714

29 Country
US

3. Date Incorporated or Qualified
07/31/1989

3a. Date of Last Report
05/01/1996

4. FEI Number
58-1210313

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

FORSYTH, CRAIG "SKIP"
8525 RADIO RD.
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name

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

330 S. Orlando Ave

83

84 City

Maitland

FL

85 Zip Code
32751

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME FORSYTH, CRAIG "SKIP"
STREET ADDRESS 604 ORANGE DR. #174
CITY - ST - ZIP ALTAMONTE SPRINGS FL 32701

TITLE D ☐ DELETE

NAME FORSYTH, LISA A.
STREET ADDRESS 604 ORANGE DR. #174
CITY - ST - ZIP ALTAMONTE SPRINGS FL 32701

TITLE C ☐ DELETE

NAME FORSYTH, CRAIG S
STREET ADDRESS 8504 LK BOSSE DRIVE
CITY - ST - ZIP ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 602 Calibre Crest Pkwy #101
1.4 CITY - ST - ZIP Altamonte Springs, FL 32714

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 602 Calibre Crest Pkwy #101
2.4 CITY - ST - ZIP Altamonte Springs, FL 32714

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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:

Craig S Forsyth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/97

407 647-2495
Date Daytime Phone #

CR2E034 (9/96)