## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

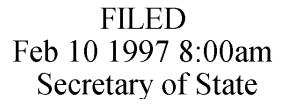
## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L32343

(0)

DR. BUFFINGTON'S SPORTS PRODUCTS, INCORPORATED





Principal Plac	ce of Business	Mailing Address				
2357 GREENBRIER ROAD PENSACOLA FL 32514		2357 GREENBRIER ROAD PENSACOLA FL 32514-5612				
					Date Incorporated or Qualified     11/27/1989	3a. Date of Last Report 04/02/1996
· ·	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite Ant 4 etc		26			59-2981634	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Feo Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
Zip	Country 7:p Country			Trust Fund Contribution	☐ Added to Fees	
24	25	1		nitry	8. This corporation has liability for in	nlangible tax under s. 199.032,
24]	9. Name and Address of Current	[29] Registered Agent	30		Florida Statutes  10. Name and Address of New Reg	Yes No
DITE	FINGTON, GARY K.	Trogiotorou Agont		81 Name	10. Harrie and Address of New Meg	istered Agent
		Vanic Name				
	7 GREENBRIER ROAD			82 Street Ad	dress (P.O. Box Number is Not Acceptabl	e)
PEN	NSACOLA FL 32514			83		
				63		
				84 City	V V V V V V V V V V V V V V V V V V V	FL 85 Zip Code
11. Pursuant office or r agent. La	to the provisions of Sections 607.0502 registered agent, or both, in the State i am familiar with, and accept the obliga	and 607.1508, Florida Statu of Florida, Such change was tions of, Section 607.0505, F	ites, the al authorized forida Stat	nove named co by the corpor- utes.	rporation submits this statement for the pu ation's board of directors. I hereby accep	rpose of changing its registered the appointment as registered
SIGNATURE						
12.	Signature, typed or printed name of registered aper- OFFICERS AND		The Fregistered	Agent signature req	u red when reinstaling)	OATE
TITLE	PD	DELETE	13.	T	ADDITIONS/CHANGES TO OFFICE	
NAME	BUFFINGTON, GARY K. MD	□ ptti it	1.2 N/			Change
STREET ADDRESS	2357 GREENBRIER RD					
CITY-ST-ZIP	PENSACOLA FL		1.3 STREET ADDRESS			
TITLE			2.1 N	Y - \$1 - ZIP		Change Addition
NAME	BUFFINGTON, MILDRED K.	l l				L_J Change
STREET ADDRESS	2357 GREENBRIER RD		2.2 N/			1
CITY-ST-ZIP	PENSACOLA FL			REET ADDRESS		
TITLE	TEHONOODTTE	DELETE	31111	1Y-\$1-7IP		Change Addition
NAME			3.2 NA			Change Addition
STREET ADDRESS			1	·		
CITY-ST-ZIP				REET ADDRESS		
TITLE	DELETE 4.130		IY · S1 · ZIF		Change Addition	
NAME	4.14				Change Addition	
STREET ADDRESS				RÉET ADORESS		
CITY-ST-ZIP						
TITLE		□ DELETE	5.1 117	Y-SI-ZIP		Change
NAME		La vivere	5.2 NA			Change Addition
STREET ADDRESS						
CITY-ST-ZIP				REET ADDRESS		
TITLE		DELETE	54 CII 61 1II	Y-ST-ZIP		Change Addition
NAME			4			☐ Change ☐ Addition
STREET ADDRESS			62 NA			
				REET ADDRESS		
CITY-ST-ZIP			6.4 C(1	Y - \$1 - 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.