

FILED



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

Feb 10 1997 8:00am  
Secretary of State

**DOCUMENT # L32343 (0)**  
1. Corporation Name  
**DR. BUFFINGTON'S SPORTS PRODUCTS, INCORPORATED**

Principal Place of Business  
2357 GREENBRIER ROAD  
PENSACOLA FL 32514

**Mailing Address**  
**2357 GREENBRIER ROAD**  
**PENSACOLA FL 32514-5612**

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>		<b>26</b>	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
<b>22</b>		<b>27</b>	
	City & State		City & State
<b>23</b>		<b>28</b>	
	Zip		Zip
	Country		Country
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

3. Date Incorporated or Qualified <b>11/27/1989</b>		3a. Date of Last Report <b>04/02/1996</b>	
4. FFI Number <b>59-2981634</b>		Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

**BUFFINGTON, GARY K.**  
**2357 GREENBRIER ROAD**  
**PENSACOLA FL 32514**

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

12.		OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BUFFINGTON, GARY K. MD 2357 GREENBRIER RD PENSACOLA FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BUFFINGTON, MILDRED K. 2357 GREENBRIER RD PENSACOLA FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.**

Michael K. Bush, Jr. Phil

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CR2E034 (9/96)