

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**APPROVED
AND
FILED****95 APR 27 AM 11:40****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # L55240****(0)**

1. Corporation Name

ACTION OUTFITTERS, INC.

Principal Place of Business

**1122 S WICKHAM RD
W MELBOURNE FL 32904
US**

Mailing Address

**1122 S WICKHAM RD
W MELBOURNE FL 32904
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/01/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2999120

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 Fees8. This corporation has liability for intangible tax under S. 192.032,
Florida Statutes

Yes

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24**25**

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

**HAYWORTH, CHANEY & SINCLAIR, P.A
200 S HARBOR CITY BOULEVARD SUITE 203
SPECTRUM CENTRE
MELBOURNE FL 32901**

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

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 fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**DP
REYNOLDS, GENE B.
2800 PINEAPPLE AVE., #E-1
MELBOURNE FL**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**DV
STRATTON, HUBERT JR.
855 LAKEWOOD CIRCLE
MERRITT ISLAND FL**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**D
CAMPBELL, WAYNE
3775 RIVERSIDE DRIVE
MELBOURNE FL**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
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

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone