FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 JUL -6 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M78949** **(8)**

1. Corporation Name
ATHLETIC ATTIC OF PORT ORANGE, INC.

Principal Place of Business
% GUY ROBERT STEVENSON
3855 NOVA RD.
PORT ORANGE FL 32127-1950

Mailing Address
% GUY ROBERT STEVENSON
3855 NOVA RD.
PORT ORANGE FL 32127-1950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/25/1988**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-2892623** — 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 subsidiaries as defined by Section 607.1501(1) Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
STEVENSON, GUY ROBERT
3855 NOVA RD.
PORT ORANGE FL 32019

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City — **FL** — 05 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 of New Registered Agent or the President — Date — Signature of Current Registered Agent or Resigning Registered Agent — Date

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	STEVENSON, GUY ROBERT
STREET ADDRESS	3855 NOVA RD.
CITY, ST, ZIP	PORT ORANGE FL
TITLE	SDT
NAME	STEVENSON, EDWARD PAUL
STREET ADDRESS	3855 NOVA RD.
CITY, ST, ZIP	PORT ORANGE FL
TITLE	DV
NAME	STEVENSON, BRUCE G.
STREET ADDRESS	3855 NOVA RD.
CITY, ST, ZIP	PORT ORANGE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is accurate, complete and does not modify or alter the information stated in Section 607.0502(1)(b), Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and is correct and that my signature shall have the same legal effect and binding under oath that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (if changed) or is an attached and signed address.

SIGNATURE: _____ 6/26/95 904-788-1757
SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012080 CP