

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **M94628** (8)

1. Corporation Name

**ATHLETIC ATTIC RETAIL COMPANY**

Principal Place of Business

Mailing Address

% JACK THOMPSON  
18 N.W. 33RD COURT  
GAINESVILLE FL 32607-2553

% JACK THOMPSON  
18 N.W. 33RD COURT  
GAINESVILLE FL 32607-2553



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

THOMPSON, JACK  
18 N.W. 33RD COURT  
GAINESVILLE FL 32604

81 Name

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

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

08/17/1988

3a. Date of Last Report

02/03/1995

4. FEI Number

59-2906612

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 type for person making registered office and agent change)

(If filer Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP  
LIQUORI, MARTIN W.  
5904 N.W. 57TH WAY  
GAINESVILLE FL

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME

12 NAME

STREET ADDRESS

13 STREET ADDRESS

CITY-ST-ZIP

14 CITY-ST-ZIP

TITLE

DV

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME

CARNES, JIMMY

22 NAME

STREET ADDRESS

2719 N.W. 24TH WAY

23 STREET ADDRESS

CITY-ST-ZIP

GAINESVILLE FL

24 CITY-ST-ZIP

TITLE

DST

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME

SCHACKOW, GERALD D.

32 NAME

STREET ADDRESS

8716 N.W. 6TH PLACE

33 STREET ADDRESS

CITY-ST-ZIP

GAINESVILLE FL

34 CITY-ST-ZIP

TITLE

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY-ST-ZIP

44 CITY-ST-ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY-ST-ZIP

54 CITY-ST-ZIP

TITLE

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY-ST-ZIP

64 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

SCHACKOW

2-1-96

Date

904 371 3000

Daytime Phone #

CR2E034 (12/95)