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 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P25869 (9)

1. Corporation Name

SPORTS & RECREATION, INC.

Principal Place of Business	Mailing Address
4701 WEST HILLSBOROUGH AVENUE TAMPA FL 33614	4701 WEST HILLSBOROUGH AVENUE TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/01/1989	02/25/1994

21 2. Principal Place of Business	26 2a. Mailing Address	4. FEI Number 52-1643157	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip / 25 Country	29 Zip / 30 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRYANT, ANGELA P. 4701 WEST HILLSBOROUGH AVENUE TAMPA FL 33614	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 _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	SULLIVAN, CHRIS T.	12 NAME	WIRKUS, THOMAS	
STREET ADDRESS	550 N. REO, SUITE 204	13 STREET ADDRESS	4701 W. HILLSBOROUGH Ave.	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	21 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	RAYMUND, STEVEN A.	22 NAME	BRYANT, ANGELA P.	
STREET ADDRESS	5350 TECH DATA DRIVE	23 STREET ADDRESS	4701 W. HILLSBOROUGH Ave.	
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	TAMPA FL 33614	
TITLE	PDC	31 TITLE	PDC	☒ Change ☐ Addition
NAME	BRADKE, JIM W.	32 NAME	BRADKE, JIM W.	
STREET ADDRESS	4701 W. HILLSBOROUGH	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP		
TITLE	DV	41 TITLE		☐ Change ☐ Addition
NAME	WELCH, RICHARD T.	42 NAME		
STREET ADDRESS	4701 W. HILLSBOROUGH	43 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MARTIN, R. BRADLEY	52 NAME		
STREET ADDRESS	5810 SHELBY OAKS	53 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN	54 CITY-ST-ZIP		
TITLE	VST	61 TITLE	VT	☒ Change ☐ Addition
NAME	SKARDA, STANLEY E.	62 NAME	SKARDA, STANLEY E.	
STREET ADDRESS	4701 W. HILLSBOROUGH AVE	63 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	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)(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: Angela Bryant, Angela Bryant, Secretary 4/21/95 813/886-9688
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0207211 CP