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 # **P93000088628 (1)**

1. Corporation Name

GAME DAY SPORTS APPAREL, INC.

Principal Place of Business

1630 H. OLD BAINBRIDGE ROAD
TALLAHASSEE FL 32303

Mailing Address

1630 H. OLD BAINBRIDGE ROAD
TALLAHASSEE FL 32303

3. Date Incorporated or Qualified: **12/29/1993**

3a. Date of Last Report: **06/09/1995**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: **59-3296878** 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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HERTZBERG, TODD F
1013 MAGNOLIA DRIVE
CLEARWATER FL 34616

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 Specifically Identifying Officer or Director Legally Authorized to Execute Document — Note: Registered Agent Signature required if Adding, Deleting or Changing Agent — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	LEROUX, DARREN R	
STREET ADDRESS	1630 H. OLD BAINBRIDGE RD	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	☐ DELETE
NAME	LEROUX, L. WAYNE	
STREET ADDRESS	1335 FALLSMEAD COURT	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	D	☐ DELETE
NAME	LEROUX, BARBARA	
STREET ADDRESS	4801 S. OSPREY DR. S. #109	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D.	☒ Change ☐ Addition
1.2 NAME	LEROUX DARREN R.	
1.3 STREET ADDRESS	4801 OSPREY DR. S. #109	
1.4 CITY-ST-ZIP	ST. PETERSBURG FL 33711	
2.1 TITLE	D.	☒ Change ☐ Addition
2.2 NAME	LEROUX, L. WAYNE	
2.3 STREET ADDRESS	4801 OSPREY DR. S. #109	
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33711	
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 on any attached sheet with an address.

SIGNATURE: L. WAYNE LEROUX — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 6-18-96 — DATE — 904-425-1966 — DAYTIME PHONE NUMBER

CR2E034 (12/95)