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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000008539 (6)**

1. Corporation Name
THE TRAINING ROOM SPORTS BAR & GRILL, INC.

Principal Place of Business	Mailing Address
3111 MAHAN DR. TALLAHASSEE FL 32308	3111 MAHAN DR. TALLAHASSEE FL 32308-5511

3. Date Incorporated or Qualified: 02/03/1994
3a. Date of Last Report: 05/22/1996

2. Principal Place of Business
21: 402 E. TENNESSEE ST
22: Suite, Apt. #, etc.
23: City & State: TALLAHASSEE, FL
24: Zip: 32301
25: Country: USA

2a. Mailing Address
26: 402 E. TENNESSEE ST
27: Suite, Apt #, etc.
28: City & State: TALLAHASSEE, FL
29: Zip: 32308
30: Country: USA

4. FEI Number: 59-3223876 ☐ 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
KNISLEY, KENT
2500 BAUM ROAD
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent
81 Name: KENT KNISLEY
82 Street Address (P.O. Box Number is Not Acceptable): 9060 OAKFAIR Drive
83:
84 City: TALLAHASSEE FL 85 Zip Code: 32311

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] 2/4/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WATSON, JAMES T 3111 MAHAN DR. TALLAHASSEE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VP WATSON, James T STEEDS RUN TALLAHASSEE, FL 32311	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KNISLEY, KENT C 2500 BAUM RD TALLAHASSEE FL 32308	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P KNISLEY, KENT 9060 OAKFAIR Dr TALLAHASSEE, FL 32301	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCHMOOKLER, SANFORD 3111 MAHAN DR. TALLAHASSEE FL 32308	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T SCHMOOKLER, SANFORD 2317 TOUR EIFFEL TALLAHASSEE, FL 32308	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HUMMEL, JOE 3111 MAHAN DR. TALLAHASSEE FL 32308	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: [signature] KENT KNISLEY 4/16/97 904 877 8855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #