

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -6 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000037889 (0)

1. Corporation Name

WILLIAMS SPORTING GOODS, INC.

Principal Place of Business
**3741 SOUTHERN HILLS DR
JACKSONVILLE FL 32225**

Mailing Address
**3741 SOUTHERN HILLS DR
JACKSONVILLE FL 32225**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/19/1994** 3a. Date of Last Report

4. FEI Number **59-3262025** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Tax Status (Corporate Taxpayer) ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability to allocate tax under 133-030, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 State Apt. #, etc.

26 State Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, FRED M
3741 SOUTHERN HILLS DR
JACKSONVILLE FL 32225**

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 607.0405, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name of Registered Agent and Title)

Signature of Registered Agent (Print Name of Registered Agent and Title)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONAL INFORMATION

12.1 NAME	PD WILLIAMS, FRED M
12.2 STREET ADDRESS	3741 SOUTHERN HILLS DR
12.3 CITY & STATE	JACKSONVILLE FL 32225
12.4 NAME	STD WILLIAMS, PEGGY B
12.5 STREET ADDRESS	3741 SOUTHERN HILLS DR
12.6 CITY & STATE	JACKSONVILLE FL 32225
12.7 NAME	
12.8 STREET ADDRESS	
12.9 CITY & STATE	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY & STATE	
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY & STATE	

13.1 TITLE	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY & STATE	
13.5 TITLE	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY & STATE	
13.9 TITLE	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY & STATE	
13.13 TITLE	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY & STATE	

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information submitted 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. I am an officer or director of the corporation, or the owner 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:

Fred M. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FRED M. WILLIAMS

6-12-95 904 928 0220
Date Corporate Year