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AND
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1997 AUG -1 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Motthan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000052488 (1)

1. Corporation Name

GRAVITY SPORTS CONCEPTS, INC.

Principal Place of Business

11430 W. WATERWAY DRIVE
HOMOSASSA FL 34448

Mailing Address

11430 W. WATERWAY DRIVE
HOMOSASSA FL 34448-9357

625 RAGWOOD VALLEY ROAD

ROYAL, AR 71968-9535

SAME

2. Principal Place of Business

21 ARKANSAS

Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

07/14/1994

3a. Date of Last Report

08/26/1996

4. FEI Number

65-0509707

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

9. Name and Address of Current Registered Agent

~~DAVID C. LEE
11430 WEST WATERWAY DR.
HOMOSASSA FL 34448~~

JAASSTEEN, PHILIP M
100 N. TAMPA ST.
SUITE 1800
TAMPA, FL 33602

10. Name and Address of New Registered Agent

81 Name

SAME AS #9

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

83

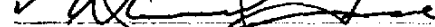
84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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, typed or printed name of registered agent; and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-5-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PVD

STREET ADDRESS LEE, DAVID C

CITY-ST-ZIP 11430 WEST WATERWAY DR. 625 RAGWOOD VALLEY ROAD

ROYAL, AR 71968

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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:



5-5-97 501-991-3135

CR2E034 (9/96)