

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Horvath
Secretary of State
1900 BANKERS BUILDING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:33

DOCUMENT # **P94000063989 (5)**

1. Incorporation Name
B A GOODSPORT, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **1678 S 8 ST FERNANDINA BEACH FL 32034**
Mailing Address: **1678 S 8 ST FERNANDINA BEACH FL 32034**

3. Date Incorporated or Succeeded: **08/26/1994** 3a. Date of Last Report
4. FFI Number: **59-3273019** 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 § 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 2a. Mailing Address
21. State: Apt # of: 26. State: Apt # of:
22. City & State: 27. City & State:
23. Zip: Country: 28. Zip: Country:
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
**MILLER, DAVID F
1678 S 8 ST
FERNANDINA BEACH FL 32034**

10. Name and Address of New Registered Agent
b1. Name:
b2. Street Address (P.O. Box Number is Not Acceptable):
b3.
b4. City: **FL** b5. Zip Code:

11. Pursuant to the provisions of Sections 607 (b)(9) and 607.15(8) 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. Thereby accept the appointment as registered agent. I am hereby accepting the requirements of section 607.15(8) Florida Statutes.

SIGNATURE: _____ Title: _____

12. OFFICERS AND DIRECTORS

NAME	D MILLER, DAVID F 68 MARSH CREEK RD AMELIA ISLAND FL 32034
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS:

1. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. STREET ADDRESS		
1. CITY & STATE		
2. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS		
2. CITY & STATE		
3. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. STREET ADDRESS		
3. CITY & STATE		
4. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. STREET ADDRESS		
4. CITY & STATE		
5. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS		
5. CITY & STATE		
6. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS		
6. CITY & STATE		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption established in section 199.032, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my corporation shall have the honor and good faith and it shall be the duty of each officer and director to comply with the provisions of the law and to cause the report or reports to be prepared in accordance with the Florida Statutes and that my corporation shall have the honor and good faith and it shall be the duty of each officer and director to comply with the provisions of the law and to cause the report or reports to be prepared in accordance with the Florida Statutes and that my corporation shall have the honor and good faith and it shall be the duty of each officer and director to comply with the provisions of the law and to cause the report or reports to be prepared in accordance with the Florida Statutes.

SIGNATURE: **David F. Miller** David F. Miller 5/1/95 904-271-6727