

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000076819 (9)

1. Corporation Name

THE SPORTS LOCKER OF CRESTVIEW, INC.

Principal Place of Business

**4647 CLAYTON DRIVE
MARIANNA FL 32446**

Mailing Address

**4647 CLAYTON DRIVE
MARIANNA FL 32446**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/08/1994

3a. Date of Last Report

2. Principal Place of Business

21 2225 S. Fernon Blvd

2a. Mailing Address

26 4519 Lafayette St.

4. FCL Number

59-3277425

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

23 Crestview FL

City & State

28 Marianna FL

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

24 32536

Country

25 Orakosa

Zip

29 32446

County

30 Jackson

8. This corporation has liability for intangible tax under S 199.032
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**FUQUA, MATTHEW
4450 LAFAYETTE STREET
MARIANNA FL 32447**

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 607.0502 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, typed or printed name of registered agent and the corporation

NOTE: Registered Agent signature required when registering

(SAY)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HARDY, KIP
STREET ADDRESS	4647 CLAYTON DRIVE
CITY, ST, ZIP	MARIANNA FL 32446
TITLE	D
NAME	HARDY, NANCYE
STREET ADDRESS	4647 CLAYTON DRIVE
CITY, ST, ZIP	MARIANNA FL 32446
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 Sections 130.07(3)(b), 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 amendments.

SIGNATURE:

Nancye A. Hardy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancye A. Hardy

4-27-95 (904) 526-2591