

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000091586 (5)

1. Corporation Name

SKIP TUCKER'S PRO SHOP, INC.



Principal Place of Business

Mailing Address

600 N. COURTENAY PKWY  
MERRITT ISLAND FL 32953

~~600 N. COURTENAY PKWY~~  
~~MERRITT ISLAND FL 32953~~

3. Date Incorporated or Qualified  
12/20/1994

3a. Date of Last Report  
03/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

405 ADAMS AVE

4. FEI Number

59-3284697

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

#4

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

CAPE CANAVERAL FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

32920

30

USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRENT, SHARON  
45 MCLEOD ST.  
SUITE 2  
MERRITT ISLAND FL 32953

81 Name

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

387 HIBISCUS AVE

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 (applicable)

Name, Registered Agent's signature required with filing stamp

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
DP	TUCKER, EDWARD W	405 ADAMS AVE. #4	CAPE CANAVERAL FL 32920	<input type="checkbox"/>
DS	HEDDLESTEN, LINDA	1775 MILI	MERRITT ISLAND FL 32952	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1-1 TITLE	1-2 NAME	1-3 STREET ADDRESS	1-4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2-1 TITLE	2-2 NAME	2-3 STREET ADDRESS	2-4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3-1 TITLE	3-2 NAME	3-3 STREET ADDRESS	3-4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4-1 TITLE	4-2 NAME	4-3 STREET ADDRESS	4-4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5-1 TITLE	5-2 NAME	5-3 STREET ADDRESS	5-4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6-1 TITLE	6-2 NAME	6-3 STREET ADDRESS	6-4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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: Edward W. Tucker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-18-96

Date

Filing Fee

CR2E034 (12/95)