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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jul 02 1997 8:00am  
Secretary of State

DOCUMENT # P95000045487 (2)

1. Corporation Name

S.J.C. PROFESSIONAL BOXING, INC.



Principal Place of Business

1723 HOUGH ST  
FT MYERS FL 33901  
US

Mailing Address

1723 HOUGH ST  
FT MYERS FL 33901-2509  
US

3. Date Incorporated or Qualified  
06/06/1995

3a. Date of Last Report  
05/01/1996

4. FEI Number  
65-0605679

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 s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1336 MIRACLE LANE  
Suite, Apt. #, etc.

26 1336 MIRACLE LANE  
Suite, Apt. #, etc.

23 FT MYERS, FLORIDA  
City & State

28 FT MYERS, FLORIDA  
City & State

24 33901 25 US  
Zip Country

29 33901 30 US  
Zip Country

9. Name and Address of Current Registered Agent

CANTON, STEVEN J  
1723 HOUGH ST  
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name CANTON, STEVEN J.  
82 Street Address (P.O. Box Numbers Not Acceptable)  
1336 MIRACLE LANE  
83  
84 City FT MYERS FL 85 Zip Code 33901

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 agent, 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)

6/5/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME CANTON, STEVEN J  
STREET ADDRESS 3947 SEMINOLE AVE  
CITY-ST-ZIP FT MYERS FL 33916

TITLE D ☐ DELETE  
NAME PECHETTE, CHARLES A  
STREET ADDRESS 24850 PENNROYAL DRIVE  
CITY-ST-ZIP BONITA SPRINGS FL 33923

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME CANTON, STEVEN J.  
1.3 STREET ADDRESS 1336 MIRACLE LANE  
1.4 CITY-ST-ZIP FT MYERS, FLORIDA 33901

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, on an attachment with an address

SIGNATURE:

SIGNATURE: [Signature]

6/5/97 (901) 275-5225

CR2E034 (9/96)