

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 # **P95000060640**

1. Corporation Name

MANA-T Sports INC

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 **1815 S.E. Hwy 19**

Suite, Apt. #, etc

22 City & State

23 **Crystal River FL**

24 Zip

34429

Country

25 **Citrus**

2a. Mailing Address

26 **1815 S.E. Hwy 19**

Suite, Apt. #, etc

27 City & State

28 **Crystal River FL**

29 Zip

34429

Country

30 **Citrus**

3. Date Incorporated or Qualified
08/07/95

3a. Date of Last Report
08/07/95

4. FEI Number
59-3339346

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Frederick Leone, Jr.
7765 W. Gulf to Lake Highway
Suite 5
Crystal River, FL 34429**

81 Name
Ted E. Motlow

82 Street Address (P.O. Box Number is Not Acceptable)
1815 S.E. Highway 19

83

84 City
Crystal River

FL

85 Zip Code
34429

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 **Ted E. Motlow**

Ted E. Motlow

June 11, 1996

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **D, P**
STREET ADDRESS **Wayne Brown**
CITY-ST-ZIP **(P.O. Box 147) 1319 S.E. 34429**
Crystal River, FL (34423) 34429

TITLE ☐ DELETE
NAME **D, VP, S, T**
STREET ADDRESS **Ted E. Motlow**
CITY-ST-ZIP **(P.O. Box 271) 1317 S.E. 34429**
Crystal River, FL (34423) 34429

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. TITLE ☐ Change ☒ Addition
NAME **D, P**
STREET ADDRESS **Vena H. Motlow**
CITY-ST-ZIP **(P.O. Box 271) 1317 S.E. 34429**
Crystal River, FL (34423) 34429

2. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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-07/09/96--01125--020
*****225.00**

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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)(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 an address.

SIGNATURE:

Vena H. Motlow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vena H. Motlow

5-29-96 352-563-5715

CR2E034 (12/95)