FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000071803 (7) DOCUMENT

EXPLOSION SPORTS, INC.

GERTEISEN, DONALD A 3341 BARROW HILL TRAIL

TALLAHASSEE FL 32312

Principal Place of Business						
SUITE 100.LAKEVIEW ATRIUM						
3341 BARROW HILL TRAIL						
TALLAHASSEE FL 32312						

2. Principal Place of Business

Suite, Apt. #, etc

City & State

Zip

24

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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9. Name and Address of Current Registered Agent

SUITE 100.LAKEVIEW ATRIUM 3341 BARROW HILL TRAIL TALLAHASSEE FL 32312

FILED Apr 28 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/18/1995 4. FEI Number Applied For 59-3338939 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent

84 City 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

Country

81 Name

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	Signature, typed or printed hame of registered agent and title if applicable	(NOTE:	Registered Agent signature requir		DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES To	O OFFICERS AND DIRECT	
TITLE		DELETE	1.1 TITLE		Chang	pe 🔲 Additio
NAME	GERTEISEN, DONALD A		1.2 NAME			
STREET ADDRESS	3341 BARROW HILL TRAIL		1.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32312-5055		1.4 CITY-ST-ZIP			
ITLE		DELETE	2.1 TITLE		Chang	je 🔲 Additio
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY - ST - ZIP			2.4 CITY-ST-ZIP			
FILE		DELETE	3.1 TITLE		Chang	e Additio
IAME			3.2 NAME			
TREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
ITLE		DELETE	4.1 TITLE		Chang	e Additio
IAME			4. 2 NAME			
TREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
ITLE		DELETE	5.1 TITLE		Chang	e Additio
KAME			5.2 NAME			
TREET ADDRESS			5.3 STREET ADDRESS			
ny-sr-zip	•		5.4 CITY-ST-ZIP			
ITLE		DELETE	6.1 TITLE		Chang	e 🔲 Additio
IAME			6.2 NAME			
TREET ADDRESS			6.3 STREET ADORESS			
מול בם עידנו			64 OFF OF 110			

14. Thereby 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, of on an attachment within a officers.

SIGNATURE:

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

850-668-6660