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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 19, 1999 8:00 am  
Secretary of State

05-19-1999 90005 001 \*1,050.00

DOCUMENT # P95000075355

1. Corporation Name  
GUIDE SERIES, INC.



Principal Place of Business  
% JUMBO SPORTS  
4701 W. HILLSBOROUGH AVE.  
TAMPA FL 33614

Mailing Address  
% JUMBO SPORTS  
4701 W. HILLSBOROUGH AVE.  
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOWLER, WHITE, GILLEN, BOGGS, P.A.  
501 E. KENNEDY BLVD.  
ATTN: DAVID C. SHOBE  
TAMPA FL 33601

81 Name Corporation Service Company  
82 Street Address (P.O. Box Number is Not Acceptable)  
1201 Nags St  
83  
84 City Tallahassee FL 85 Zip Code 32301-2525

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 Laura R. Dunlap Laura R. Dunlap, as agent  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

4-29-99  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME BUSH, JACK E  
STREET ADDRESS 4701 W. HILLSBOROUGH AVE.  
CITY-ST-ZIP TAMPA FL 33614 ☒ DELETE

1.1 TITLE Pres, Dir  
1.2 NAME Mike Worrall  
1.3 STREET ADDRESS Same  
1.4 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE VSTD  
NAME SPRINGER, RAYMOND P  
STREET ADDRESS 4701 W. HILLSBOROUGH AVE.  
CITY-ST-ZIP TAMPA FL 33614 ☒ DELETE

2.1 TITLE VSTD  
2.2 NAME Al Fasola  
2.3 STREET ADDRESS same  
2.4 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

3.1 TITLE VP C/O  
3.2 NAME Jerry Kollar  
3.3 STREET ADDRESS same  
3.4 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

4.1 TITLE Asst Sec  
4.2 NAME Julie Hicks  
4.3 STREET ADDRESS same  
4.4 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W. N. Kachalac  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99  
Date

Daytime Phone #

CR2E034 (11/98)

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