PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000084857**

ISLAND S	SPORTS SHOP, INC.					į				
Principal Place	of Business	Mailing Address					1 IMERIAEL IIM IRITA BEITE BRETE SORTE BE	·		
510 EAST ZARAC PENSACOLA FL	510 EAST ZARAGOZA STRI PENSACOLA FL 32501					DO NOT WRITE	N THIS SPACE			
						3.	Date Incorporated or Qualifed 10/11/1996			
2 Principal Pla	ace of Business	2a. Mailing Address				4.	FEI Number		Applied For	2
24		26				1_	59-3412026		Not Applicable	0169850
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5.	Certifcate of Status Desired		Additional Required	3
22		27				↓ _				-
City & State	3	City & State				6.	Election Campaign Financing Trust Fund Contribution		May Be d to Fees	
23		28	Col	ıntry		-	This corporation owes the current			
Zip	Country	⊢_ ¬ `	30	aria y			Personal Property Tax.	Yes	□No	
24	25	29	[30]			10	Name and Address of New Reg	istered Agent		
	9. Name and Address of Curren	t Registered Agent		81	Name		1			
SMIT	H, G T			L.	Ct	/	P.O. Box Number is Not Acceptable			-
	EAST ZARAGOZA STREET		82 Street Add			ess (P.O. Box Number is Not Acceptable	'' 	<u></u>	
	SACOLA FL 32501			83		-				
				84	City		The second secon	EI 85 Z	p Code	7
ese mass acres	e esta e e e e e e e e e e e e e e e e e e e			<u> </u>	L		havite this statement for the pu	roose of changing	its registered	\dashv
	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga					orauc on's t	poard of directors. I hereby accept t	ne appointment as	registered	
SIGNATURE		the district applicable (NOT	E- Registere	d Anei	nt signature require	d when	reinstating)	DATE		่ ส
	Signature, typed or printed name of registered age	ID DIRECTORS	13.				ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12	
TITLE	D	DELETE	1.1 7	ITLE			ing weekly	☐ Chan	ge 🔲 Additio	n 🕃
NAME	KEMP, ALLYN D		1.2 M	IAME					2.	750
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	PENSACOLA FL 32506		1.4 (XTY-S	ST-ZIP					_ 5
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CITY-ST-ZIP	PENSACOLA FL 32506		2.4	CITY-	ST-ZIP		<u> </u>			
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NAME				NAME	1		i			
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1	•		J.Z							1

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.

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90058 046 ***150.00

Addition