Mailing Address

TAMPA FL 33614

4701 WEST HILLSBOROUGH AVENUE

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000018254

1. Corporation Name

Principal Place of Business

TAMPA FL 33614

4701 WEST HILLSBOROUGH AVENUE

SPORTS & RECREATION, INC.

1								
						 Date Incorporated or Qualifed 02/26/1997 	· · · · ·	
					 .	4. FEI Number	1 14	-U. d Car
<u>-</u>	lace of Business	 -	Mailing Address			I	} -	oplied For
21		26				59-3449841		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	T	Additional equired	
22 27								
City & Stat	le	<u> </u>	City & State			6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	:	Zip Country			8. This corporation owes the current	· <u>-</u>	_
24	25	29	29 30			Personal Property Tax.	☐ Yes	⊠No
	9. Name and Address of Cui	rent Registe	ered Agent			10. Name and Address of New Re	gistered Agent	
				81	Name	- (
CORPORATION SERVICE COMPANY				82	Stroot	Address (P.O. Box Number is Not Acceptable	ום	. •
1201 HAYS STREET				02	Street	Address If 10, pgx Number is 1411 At 1211 Apr	(-)	
TALLAHASSEE FL 32301-2525				83				
!								
1				84	City		FL 8 ^{E 7in}	Code
		2500 1 00	7 4500 Fly ide Ctebutes	the obou	2 22224	corporation submits this statement for the pu		registered
i office or r	registered agent or both in the St	ate of Florida	∟ Such change was auth	horized by	the corp	oration's board of directors. I hereby accept	the appointment as re	egistered
agent. I a	m familiar with, and accept the ob	ligations of,	Section 607.0505, Florid	la Statutes	š			
SIGNATURE								
0,0,1,0,1,2	Signature, typed or printed name of registered				nt signature r	required when reinstating)	DATE	
12.		AND DIREC		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PST		DELETE	1.1 TITLE		Pres S.T. D	Change	Addition
NAME	SPRINGER, RAYMOND P		,	1.2 NAME		Jerry Kollar]
STREET ADDRESS 4701 WEST HILLSBOROUGH AVENUE				1.3 STREE	T ADDRESS	Same		
CITY-ST-ZIP	TAMPA FL 33614			1.4 CITY-S	T-ZIP			
TITLE	D.		DELETE	2.1 TITLE		Assi Sec	☐ Change	✓Addition
NAME	BUSH, JACK E			2.2 NAME		Julie Hick		
4704 MEGT LINE CROPOLICE AND AND ALE				i	T ADDRESS			
STREET ADDRESS	TAMPA FL 33614	ATLINE				Same		
CITY-ST-ZIP	IAMPA FL 33014		□ DELETE	2.4 CITY-	51-ZIP		☐ Change	☐ Addition
TITLE			☐ <u>pereie</u>			\mathcal{D}	change	
NAME				3.2 NAME		Robert Flown		Į.
STREET ADDRESS				3.3 STREE	TADDRESS	Same		
CITY-ST-ZIP				3.4. CITY-	ST-ZIP			
TITLE			☐ DELETÉ	4.1 TITLE			☐ Change	☐ Addition
NAME				4, 2 NAME				
STREET ADDRESS				4.3 STREE	T ADDRESS			
CITY-ST-ZIP				4.4 CITY-5	IT-ZIP			
0111-31-2IF			DELETE	5.1 TITLE		1	☐ Change	☐ Addition

CITY-ST-ZIP 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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE: _

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

4/20/09

Change

☐ Addition

FILED

May 19, 1999 8:00 am Secretary of State

05-19-1999 90005 001 *1,050.00

DO NOT WRITE IN THIS SPACE