## 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

P97000047370 (6) DOCUMENT #
1. Corporation Name

3 AMIGOS PRO SHOPS, INC.

Principal Place of Business

Mailing Address

## FILED May 05 1998 8:00am Secretary of State

(10/97



995 ALVEREZ AVENUE 995 ALVEREZ AVENUE LADY LAKE FL 32159 LADY LAKE FL 32159 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/21/1997 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 59-3447226 04338 EMMAUS ROAD 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be PARK, FRUITLAND FL 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 34731 USA 24 25 29 Personal Property Tax due June 30. X Yes g. Name and Address of Current Registered Agent Name and Address of New Registered Agent CATHCART, ROBERT B 81 Name 04338 EMMAUS ROAD 82 Street Address (P.O. Box Number is Not Acceptable) FRUITLAND PARK FL 34731 83 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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of negistered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. TITLE DELETE 1.1 TITLE Change Addition CATHCART, ROBERT B NAME 1.2 NAME 995 ALVEREZ AVENUE STREET ADDRESS 1.3 STREET ADDRESS LADY LAKE FL 32159 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change ☐ Addition CHRISTY, MICHAEL H NAME 2.2 NAME 916 CAJON COURT STREET ADDRESS 2.3 STREET ADDRESS LADY LAKE FL 32158 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE ☐ Addition HOUSMAN, RUSSELL A JR NAME 3.2 NAME 2909 S.W. 137 LANE STREET ADDRESS 3 3 STREET ADDRESS OCALA FL 34473 CITY-ST-ZIP 3 4. CITY - ST - ZIP .... DELETE TITLE Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Addition Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 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.