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PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700051440 (0)

## FILED May 01 1998 8:00am Secretary of State

SPORTS CONNECTION, INC. Principal Place of Business Mailing Address POST OFFICE BOX 12072 POST OFFICE BOX 12072 PANAMA CITY FL 32401-9072 PANAMA CITY FL 32401-9072 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/11/1997 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 8. This corporation owes or has paid the current year (ntangible Personal Property Tax due June 30. Yes No Ζıρ Country 25 BAY 29 9. Name and Address of Current Registered Agent Personal Property Tax due June 30. 30 10. Name and Address of New Registered Agent 81 JOHNSON, DAVID 312 EAST 1ST COURT 82 PANAMA CITY FL 32401 83 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this slatement 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. ance of registered agent and good applying OFFICERS AND DIRECTORS **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) Signature, typico 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE Kraft Ave JOHNSON, DAVID 1.2 NAME NAME Auenie 312 EAST 1ST COURT STREET ADDRESS 1.3 STREET ADDRESS PANAMA CITY FL 32401 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3 1 THE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TITLÉ 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIE DELETE Change ■ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

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, or on an attachment with an address.

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