## 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

DOCUMENT # P97000089017 (2)

THREE C'S SPORTS, INC.

**FILED** Jan 28 1998 8:00am Secretary of State



			<del></del>				
Principal Place of Business Mailing Address  108 CRAPE MYRTLE DR. 108 CRAPE MYRTLE DR.							
PONTE VEDR	A BEACH FL 32082	PONTE VEDRA BEACH	PONTE VEDRA BEACH FL 32082			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						10/15/1997	
2. Principal Place of Business 2e. Mailing Address						4. FEI Number Applied For	
21		26				59-3473273 Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				SR 75 Additional	
22		27	<del>                                     </del>			5. Certificate of Status Desired Fee Required	
City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip Country		Zip Country			8. This corporation owes or has paid the current year Intangible		
24	25	29	30			Personal Property Tax due June 30. 🔲 Yes 🔟 No	
	9. Name and Address of Curr					10. Name and Address of New Registered Agent	
DO	VEL, EDWIN W JR.		" - <u>-</u>	81	Name		
108 CRAPE MYRTLE DR.				82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
	NTE VEDRA BEACH FL 32082			52	Dilegi Au	thesa (F.O. Dox Manipol is Not Accopitation	
, •	1112 120101 021011 12 02000	•		83			
			-				
				84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Florida Stat	lutes, the ab	ove	-named co	rporation submits this statement for the purpose of changing its registered	
office or r	egistered agent, or both, in the Sta	ite of Florida, Such change wa	s authorized Florida Statu	i by	the corpor	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
*	m lamilai with, and accept the oc	ilganons of, accitori our.cada,	r ionog otati	1100.			
SIGNATURE	Signature, typod or printed name of registered	agent and title if applicable (N	O1F Registered	Ager	nt signature req	uired when reinstating) DATE	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.110	1.1 TITLE		Change Addition	
NAME	DOVEL, EDWIN W JR.		1.2 NAME				
STREET ADDRESS	108 CRAPE MYRTLE DR.		1.3 ST	REE1 /	ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		1.4 CIT	1.4 CITY - ST - ZIP			
TITLE	D	☐ DELET <b>e</b>	2.1 TH	LE		Change Addition	
NAME	DOVEL, BILLIE		2.2 NA	2.2 NAME			
STREET ADDRESS	108 CRAPE MYRTLE DR.		2.3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL	32082	2. 4 CI	IY-\$	ST-21P		
TITLE		DELETE	3.1 TiT	l.F		☐ Change ☐ Addition	
NAME			3.2 NA	ME			
STREET ADDRESS			3.3 \$16	REST /	ADDRESS		
CITY-ST-ZIP	/-\$T-ZIP		3.4. CI	3.4. CITY-ST-ZIP			
TITLE	DELETE			4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 ST	REET /	ADDRESS		
CITY-ST-ZIP			4.4 CIT	Y-ST	T-ZIP		
TITLE				5.1 TITLE		Change Addition	
NAME			5.2 NA	ME			
STREET ADDRESS			5.3 ST	REFT:	ADDRESS		
CITY-ST-ZIP			5.4 CIT				
TITLE				6.1 TITLE		Change Addition	
NAME			6.2 NA				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			6.4 CIT				
0111-21-51			0.4 011		<u> </u>		

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.

11/100

911-223-1297