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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800006698

FISTFIGHTERS, INC.

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90081 026 ***150.00



	of Business	Mailing Address							
1120 SANTA RO	OSA BLVD.	1120 SANTA ROSA BLVD.							
FORT WALTON	BEACH FL 32548	FORT WALTON BEACH FL 32	548		DO NOT WRITE	IN THIS S	PACE		
					3. Date Incorporated or Qualifed				
					01/20/1998				
	ace of Business	2a. Mailing Address			4. FEI Number		├	Applied For	
	eal Pkwy NW	26 768 Beal Pkwy	NW		59-3499473			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		•	Additional Required	,
22 Suite AQ City & State		27 Suite AQ City & State			6. Election Campaign Financing			May Be	=
L					Trust Fund Contribution			to Fees	
Zip Zip	Country	Zip	Country		8. This corporation owes the current	t year Intan			
32547		29 32547 - 3042 30	USA		Personal Property Tax.		Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	istered Ag	gent		
		 .	81	Name					
QUALLS, AL P JR 1 120 SANTA 170 SA 186 VD. 768 B		201 Parkway Suite AO 82 Street Add		dress (P.O. Box Number is Not Acceptable	e)		~	İ	
	FSANNA HUSA BLAD. 700 B T WALTON BEACH FL 32548	32 547 -3042	83						l
FUR	WALTON BEACH FL 32340	J2J4, J042	83						l
			84	City		FL	85 Zip	Code	ĺ
11 Dumunti	to the provisions of Sactions 607 0502	and 607 1508 Florida Statutes	the above-	named co	rporation submits this statement for the pu	rnose of ch	ll_ nanging i	ts registered	
office or re	enistered agent or both in the State of	f Florida. Such change was auti	iorizea dy tr	he corpora	ation's board of directors. I hereby accept the	he appoint	ment as	registered	l
Į.	m familiar with, and accept the obligation	ons of, Section 607.0303, Florid	a Statutes.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent	signature requ	uired when reinstating)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC				
TITLE	P	. DELETE	1.1 TITLE				Change	e 📋 Addition	l
NAME	QUALLS, AL P JR		1.2 NAME						1
	1144 A41EL BAA4 BILIB]	768 Real Play NW Suits	ο ΔΩ			1
STREET ADDRESS	1120 SANTA ROSA BLVD.	10	1.3 STREET		768 Beal Pkwy NW Suite	_	-3042	,	
CITY-ST-ZIP	FORT WALTON BEACH FL 3254		1.3 STREET A		768 Beal Pkwy NW Suite Fort Walton Beach FL	32547			
CITY-ST-ZIP	FORT WALTON BEACH FL 3254 V	18 ☐ DELETE	1.3 STREET A 1.4 CITY-ST- 2.1 TITLE			32547	-3042 □ Change		
CITY-ST-ZIP TITLE NAME	FORT WALTON BEACH FL 3254 V GRACE, ROGER A		1.3 STREET / 1.4 CITY-ST- 2.1 TITLE 2.2 NAME	ZIP		32547			
CITY-ST-ZIP TITLE NAME STREET ADDRESS	FORT WALTON BEACH FL 3254 V GRACE, ROGER A 28 N.W. RACETRACK ROAD	DELETE	1.3 STREET / 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET /	ZIP ADDRESS		32547			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	FORT WALTON BEACH FL 3254 V GRACE, ROGER A 28 N.W. RACETRACK ROAD FORT WALTON BEACH FL 3254	DELETE	1.3 STREET / 1.4 CITY-ST- 2.1 TITLE 2.2 NAME	ADDRESS		32547	Chango	e	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	FORT WALTON BEACH FL 3254 V GRACE, ROGER A 28 N.W. RACETRACK ROAD FORT WALTON BEACH FL 3254 ST	DELETE	1.3 STREET / 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET / 2.4 CITY-ST	ADDRESS	Fort Walton Beach FL	32547	Chango	e	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FORT WALTON BEACH FL 3254 V GRACE, ROGER A 28 N.W. RACETRACK ROAD FORT WALTON BEACH FL 3254 ST ADAMS, GEORGE LTJR	DELETE	1.3 STREET / 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET / 2.4 CITY-ST 3.1 TITLE	ADDRESS - ZIP - A	Fort Walton Beach FL	32547	Chango	e	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	FORT WALTON BEACH FL 3254 V GRACE, ROGER A 28 N.W. RACETRACK ROAD FORT WALTON BEACH FL 3254 ST ADAMS, GEORGE LT JR 5540 LILAC AVE.	DELETE	1.3 STREET / 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET / 2.4 CITY-ST 3.1 TITLE 3.2 NAME	ADDRESS - ZIP - AADORESS - ZIP - AADORESS - ZIP	Fort Walton Beach FL	32547	Chango	e Addition	
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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 aprilad 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 rustee 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 apachment with an address, with all order like empowered.

SIGNATURE:

Al PaQualls, Jr.

(850) 315-0737