

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 22, 1999 8:00 am**  
**Secretary of State**

07-22-1999 90003 020 \*\*\*150.00

DOCUMENT # **P98000092476**

1. Corporation Name  
**T.J. SPORTS, INC.**



Principal Place of Business  
**7624 LEATHER FERN COURT  
PINELLAS PARK FL 33782**

Mailing Address  
**7624 LEATHER FERN COURT  
PINELLAS PARK FL 33782**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/30/1998**

2. Principal Place of Business  
21 **3942 TYRONE BLVD**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **3942 TYRONE BLVD**  
Suite, Apt. #, etc.

4. FEI Number  
**59-3541184**  
Applied For  
Not Applicable

22 City & State  
**ST. PETERSBURG FL**

27 City & State  
**ST. PETERSBURG FL**

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

23 Zip  
**33709**

Country

28 Zip  
**33709**

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**KANE, STEVEN H  
1061 MAITLAND CENTER COMMONS  
MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 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. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WEAVER, JAMES</b>	
STREET ADDRESS	<b>7624 LEATHER FERN COURT</b>	
CITY-ST-ZIP	<b>PINELLAS PARK FL 33782</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WEAVER, CONNIE</b>	
STREET ADDRESS	<b>7624 LEATHER FERN COURT</b>	
CITY-ST-ZIP	<b>PINELLAS PARK FL 33782</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(727) 344-0601**

0094311

CR2E034 (5/99)



KAREN L. STEINMETZ  
CERTIFIED PUBLIC ACCOUNTANT

P98000092476  
593314-90003-20

July 19, 1999

Division of Corporations  
Annual Reports Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

RE: T. J. Sports, Inc.  
EIN: 59-3541184

Dear Sir/Madam:

Enclosed please find the above referenced taxpayer's 1999 Annual Report along with a check for \$150.00.

The corporation was formed in 1998 and, therefore, 1999 would have been the first Annual Report to be filed. Until receipt of the 2<sup>nd</sup> Notice, the taxpayer had not received any correspondence related to this filing either at the mailing address, principal place of business address or the registered agent's address. Additionally, the shareholder's had recently moved to Florida from Colorado. They were not aware of the annual report filing requirement, therefore, they did not realize that it was past due until the arrival of the 2<sup>nd</sup> Notice

I am asking on behalf of the taxpayer, that the late penalty be abated based on the above information. The taxpayer never intended to NOT pay the filing fee and once aware of the requirement, the fee is being promptly-paid. -

If you should require further information, please do not hesitate to contact me directly.

Sincerely,

Karen L. Steinmetz

CC: T.J. Sports, Inc.