

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S73010** (8)

1. Corporation Name

LOCO SPORTS, INC.



Principal Place of Business

Mailing Address

**BOX 4148
TALLAHASSEE FL 32315**

**BOX 4148
TALLAHASSEE FL 32315**

2. Principal Place of Business

2a. Mailing Address

21 **7833 McClure Dr.**
Suite, Apt. #, etc.

26 **7833 McClure Dr.**
Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Tallahassee, FL**

28 **Tallahassee, FL**

24 Zip **32312** Country **U.S.**

29 Zip **32312** Country **U.S.**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/12/1991

3a. Date of Last Report

05/16/1995

4. FEI Number

59-3120979

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

**DYE, DON D.
2023 E. FOREST DR. 317 E. Call St.
TALLAHASSEE FL 32302 32301**

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 607.0605, Florida Statutes.

SIGNATURE

Signature typed to provide a change of agent, or both, of the corporation.

NOTE: Registered Agent signature required after each change.

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **DYE, DON D.**
STREET ADDRESS **2023 E. FOREST DR.**
CITY-STATE-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ DELETE
NAME **DYE, MARYBETH H.**
STREET ADDRESS **2023 E. FOREST DR.**
CITY-STATE-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **D/P** ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS **7833 McClure Dr.**

14 CITY-STATE-ZIP **Tallahassee, FL 32312**

21 TITLE **D/V/S/T** ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS **7833 McClure Dr.**

24 CITY-STATE-ZIP **Tallahassee, FL 32312**

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

DON D. DYE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-96

DATE

904-224-1205

Telephone Number

CR2E034 (12/95)