FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

1995 MAY -1 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000038362 (7)**

1. Corporation Name

~~BATTER UP INDUSTRIES, INC.~~ SPORT INNOVATIONS, INC.

Principal Place of Business	Mailing Address
% EDWARD M LIVINGSTON ESQ PO BOX 1599 WINTER PARK FL 32790	% EDWARD M LIVINGSTON ESQ PO BOX 1599 WINTER PARK FL 32790

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/20/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-3249507 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LIVINGSTON, EDWARD M 628 ELLEN DR WINTER PARK FL 32790	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 _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE*	D	11 TITLE	D/P	☒ Change ☐ Addition
NAME	SPEARS, THOMAS C JR	12 NAME	SPEAR, THOMAS C. JR.	
STREET ADDRESS	124 CITRUS TREE LN	13 STREET ADDRESS	124 Citrus Tree Lane	
CITY ST ZIP	LONGWOOD FL 32750	14 CITY ST ZIP	Longwood, FL 32750	
TITLE	D	21 TITLE	D/V	☒ Change ☐ Addition
NAME	PECK, KENNETH B	22 NAME	PECK, KENNETH B.	
STREET ADDRESS	735 W YALE ST	23 STREET ADDRESS	735 W. Yale St.	
CITY ST ZIP	ORLANDO FL 32804	24 CITY ST ZIP	Orlando, FL 32804	
TITLE		31 TITLE	S/T	☐ Change ☒ Addition
NAME		32 NAME	SPEAR, Debra H.	
STREET ADDRESS		33 STREET ADDRESS	124 Citrus Tree Lane	
CITY ST ZIP		34 CITY ST ZIP	Longwood, FL 32750	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME	000001474140	
STREET ADDRESS		43 STREET ADDRESS	-05/03/95--01155--005	
CITY ST ZIP		44 CITY ST ZIP	****200.00 ****200.00	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME	MB	
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP	S-1	

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: Thomas C Spear Jr — President 4/3/95 407-834-2951
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR — Date — Daytime Phone #

000168 CP