

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 FEB -6 PM 12:46

DOCUMENT # P94000061535 (8)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
BATTLEFIELD CORP. INC.

**600001400936
-02/08/95--01129--009
****200.00 ****200.00**

Principal Place of Business Mailing Address
**6202 W. LINEBAUGH AVENUE
TAMPA FL 33625** **P.O. BOX 270555
TAMPA FL 33688**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
08/22/1994

2. Principal Place of Business 2a. Mailing Address
21 **10112 10th St.** 25 **10112 10th St**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 **TAMPA FLA.** 28 **TAMPA FLA**
Zip Country Zip Country
24 **33612** 29 **33612** 30 **USA**

4. FEI Number 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

9. Name and Address of Current Registered Agent
**GROSSMAN, RICHARD
6202 W. LINEBAUGH AVENUE
TAMPA FL 33625**

10. Name and Address of New Registered Agent
81 Name **CHRISTINE K. LOGAN**
82 Street Address (P.O. Box Number is Not Acceptable)
10511 WINROCK PL.
83
84 City **TAMPA** 85 Zip Code **FL 33624**

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 *Christine Logan* DATE **2-4-95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WHITSON, LLOYD E
STREET ADDRESS	ROUTE 2, BOX 65
CITY - ST - ZIP	PERRY FL 32347
TITLE	VD
NAME	ORRIEN, AMY
STREET ADDRESS	8525 W. ARMENIA
CITY - ST - ZIP	TAMPA FL 33604
TITLE	STD
NAME	MOSSEY, RANDALL
STREET ADDRESS	2821 OLD VILLAGE WAY
CITY - ST - ZIP	OLDSMAR FL 34677
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	STEVEN J. POTTER	
13 STREET ADDRESS	10112 10th St	
14 CITY - ST - ZIP	TAMPA FL 33612	
21 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	NONE	
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	NONE	
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	695	
63 STREET ADDRESS	2/6/95	
64 CITY - ST - 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(2)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 187, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: *Steven J. Potter* **STEVEN J. POTTER** DATE: **2-4-95** **813-264-2871**