

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K05684 (1)**
1. Corporation Name
BARNETT ARCHERY, INC.



Principal Place of Business: 13447 BYRD DR, P.O. BOX 934, ODESSA FL 33556, US
Mailing Address: 13447 BYRD DRIVE, P.O. BOX 934, ODESSA FL 33556, US

3. Date Incorporated or Qualified: 12/07/1987
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2870159
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

2. Principal Place of Business (21-24): Suite, Apt. #, etc.; City & State; Zip; Country
2a. Mailing Address (26-30): Suite, Apt. #, etc.; City & State; Zip; Country

9. Name and Address of Current Registered Agent: RADICS JR, MICHAEL J., 13477 BYRD DR, ODESSA FL 33556
10. Name and Address of New Registered Agent (81-85): Name, Street Address (13447 Byrd Dr.), City, State (FL), 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BYBEE, MARK T. 1967 GUNN HWY ODESSA FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	13447 Byrd Dr.
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Odessa, FL 33556
TITLE	EVD HOULLIS, MICHAEL 1967 GUNN HWY ODESSA FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	13447 Byrd Dr.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Odessa, FL 33556
TITLE	STD RADICS, MICHAEL J., JR. 1967 GUNN HWY ODESSA FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	13447 Byrd Dr.
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Odessa, FL 33556
TITLE	D BARNETT, BERNARD T. 1967 GUNN HWY ODESSA FL	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	13447 Byrd Dr.
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Odessa, FL 33556
TITLE	D OLANOW, E WARREN 1207 PARILLA DE AVILA TAMPA FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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(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: *Michael Radics* Michael Radics 4-73-96 (813) 920-2241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)