

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 834
ODESSA FL 33556
US**

Mailing Address

**13447 BYRD DRIVE
P.O. BOX 834
ODESSA FL 33556
US**

3. Date Incorporated or Qualified
12/07/1987

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

4. FEI Number

59-2870159

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

10. Name and Address of New Registered Agent

**RADICS JR, MICHAEL J.
13477 BYRD DR
ODESSA FL 33556**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

13447 Byrd Dr.

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 ☐ DELETE

NAME **PD
BYBEE, MARK T.**
STREET ADDRESS **1967 GUNN HWY**
CITY - ST - ZIP **ODESSA FL**

TITLE ☐ DELETE

NAME **EVD
HOULLIS, MICHAEL**
STREET ADDRESS **1967 GUNN HWY**
CITY - ST - ZIP **ODESSA FL**

TITLE ☐ DELETE

NAME **STD
RADICS, MICHAEL J., JR.**
STREET ADDRESS **1967 GUNN HWY**
CITY - ST - ZIP **ODESSA FL**

TITLE ☐ DELETE

NAME **D
BARNETT, BERNARD T.**
STREET ADDRESS **1967 GUNN HWY**
CITY - ST - ZIP **ODESSA FL**

TITLE ☐ DELETE

NAME **D
OLANOW, E WARREN**
STREET ADDRESS **1207 PARILLA DE AVILA**
CITY - ST - ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**13447 Byrd Dr.
Odessa, FL 33556**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**13447 Byrd Dr.
Odessa, FL 33556**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

**13447 Byrd Dr.
Odessa, FL 33556**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

**13447 Byrd Dr.
Odessa, FL 33556**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

**13447 Byrd Dr.
Odessa, FL 33556**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**13447 Byrd Dr.
Odessa, FL 33556**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Radics 4-73-96 (813) 920-2241

Date

Daytime Phone #

CR2E034 (12/95)