

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 19 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33556-0934 US
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3. Date Incorporated or Qualified 12/07/1987	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2870159	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
**RADICS JR, MICHAEL J.
13447 BYRD DR.
ODESSA FL 33556**

10. Name and Address of New Registered Agent

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 _____ (NOT Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BYBEE, MARK T.	
STREET ADDRESS	13447 BYRD DR.	
CITY-ST-ZIP	ODESSA FL	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	HOULLIS, MICHAEL	
STREET ADDRESS	13447 BYRD DR.	
CITY-ST-ZIP	ODESSA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	RADICS, MICHAEL J., JR.	
STREET ADDRESS	13447 BYRD DR.	
CITY-ST-ZIP	ODESSA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARNETT, BERNARD T.	
STREET ADDRESS	13447 BYRD DR.	
CITY-ST-ZIP	ODESSA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OLANOW, E WARREN	
STREET ADDRESS	1207 PARILLA DE AVILA	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 applicable, or on an attachment with an address.

SIGNATURE _____ **Apr 23 1997** _____

CR2E034 (9/96)