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

**FILED** May 13 1998 8:00am **PROFIT** LLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # K05684 BARNETT ARCHERY, INC. Principal Place of Business Mailing Address **13447 BYRD DR** 13447 BYRD DRIVE P.O. BOX 934 P.O. BOX 934 DO NOT WRITE IN THIS SPACE **ODESSA FL 33556** ODESSA FL 33556 3. Date Incorporated or Qualified 12/07/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2870159 21 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RADICS JR, MICHAEL J. 13447 BYRD DR. 82 Street Address (P.O. Box Number is Not Acceptable) **ODESSA FL 33556** 83 84 City 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 Honda. 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 punted name of registered agent and trimif applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELFTE Change Addition TITLE 1.1 TITLE BYBEE, MARK T. NAME 1.2 NAME 13447 BYRD DR. STREET ADDRESS 1.3 STREET ADDRESS **ODESSA FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE ŤΦ 2.1 TITLE Pres/DIV HOULLIS, MICHAEL NAME 2.2 NAME 13447 BYRD DR. 2.3 STREET ADDRESS STREET ADDRESS **ODESSA FL** CITY-ST-ZIP 2. 4 CITY - ST - ZIP Addition DELETE TITLE ŠTD 3.1 TITLE RADICS, MICHAEL J., JR. NAME 3.2 NAME 13447 BYRD DR. STREET ADDRESS 3.3 STREET ADDRESS **ODESSA FL** CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 HILE BARNETT, BERNARD T. NAME 4.2 NAME 13447 BYRD DR. STREET ADDRESS 4.3 STREET ADDRESS **ODESSA FL** CITY-ST-ZIP 4.4 CITY-S1-ZIP DELETE Change Addition 5.1 TITLE TITLE OLANOW, E WARREN NAME 5.2 NAME 1207 PARILLA DE AVILA 53 STREET ADDRESS STREET ADORESS TAMPA FL 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITL€ 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 supplignental 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 positive or trusted on bowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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81.3 9.20 2.241

Block 12 or Block 13 if changed or of