


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
\* AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

97 JUL 29 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # L52056 (3)  
1. Corporation Name  
NEW BREED ARCHERY, INC.



Principal Place of Business  
20 SHIRLEY COURT  
ARCHER FL 32618

Mailing Address  
20 SHIRLEY COURT  
ARCHER FL 32618

DO NOT WRITE IN THIS SPACE

|  |  |   |  |  |                                       |
|--|--|---|--|--|---------------------------------------|
| 2. Principal Place of Business<br>21 11750 N.E. 116 ST.<br>Suite, Apt. #, etc.<br>22 |  | 2a. Mailing Address<br>26 11750 N.E. 116 ST.<br>Suite, Apt. #, etc.<br>27 |  | 3. Date Incorporated or Qualified<br>02/15/1990  | 3a. Date of Last Report<br>07/26/1996 |
| City & State<br>23 ARCHER FL.<br>Zip<br>24 32618                                     |  | City & State<br>28 ARCHER FL.<br>Zip<br>29 32618                          |  | 4. FEI Number<br>59-2995180  | Applied For<br>Not Applicable         |
| Country<br>25  |  | Country<br>30   |  | 5. Certificate of Status Desired<br>\$8.75 Additional Fee Required   |                                       |
|  |  |   |  | 6. Election Campaign Financing<br>Trust Fund Contribution<br>\$5.00 May Be Added to Fees                         |                                       |
|  |  |   |  | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30.<br>Yes No |                                       |

9. Name and Address of Current Registered Agent

WATSON, WILLIAM B., III  
527 E. UNIVERSITY AVENUE  
GAINESVILLE FL 32601

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  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS                     |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PS<br>SHEFFIELD, THOMAS, H<br>20 SHIRLEY COURT<br>ARCHER FL<br>DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | PS<br>SHEFFIELD THOMAS, H.<br>11750 N.E. 116 ST<br>ARCHER FL. 32618<br>Change Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DELETE  | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | 600002253946--8<br>-07/31/97--01069--019<br>****165.00 ****165.00<br>Change Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DELETE  | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | Change Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DELETE  | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | Change Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DELETE  | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | Change Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DELETE  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | Change Addition  |

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 changed, or on an attachment with an address.

SIGNATURE: T. H. SHEFFIELD 7-18-97 352-486-4011

CR2E034 (4/97)