

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90171 026 \*\*\*150.00

DOCUMENT # L52056

1. Corporation Name  
NEW BREED ARCHERY, INC.

Principal Place of Business

11750 N.E. 116 ST.  
1480 SR 100  
MELROSE FL 32666  
US

Mailing Address

11750 N.E. 116 ST.  
1480 SR 100  
MELROSE FL 32666  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1990

4. FEI Number

59-2995180

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1480 S.R. 100  
Suite, Apt. #, etc.

2a. Mailing Address

26 1480 S.R. 100  
Suite, Apt. #, etc.

City & State

23 MELROSE FL

Zip Country

24 32666 25 U.S.A.

City & State

28 MELROSE FL

Zip Country

29 32666 30 U.S.A.

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 THOMAS H. SHEFFIELD

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

83 1480 S.R. 100

84 City MELROSE

85 Zip Code FL 32666

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 Thomas H. Sheffield

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-23-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PS  
NAME SHEFFIELD, THOMAS H  
STREET ADDRESS 1480 SR 100  
CITY-ST-ZIP MELROSE FL 32666

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: Thomas H. Sheffield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99

Date

904-659-2755

Daytime Phone #

CR2E034 (11/98)

05/8/1992