

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 30, 1999 8:00 am
Secretary of State

04-30-1999 90164 013 ***150.00

DOCUMENT # P19498

1. Corporation Name
BEAR ARCHERY INC.

Principal Place of Business
4600 S.W. 41ST BLVD.
GAINESVILLE FL 32608-4999
US

Mailing Address
4600 S.W. 41ST BLVD.
GAINESVILLE FL 32608-4999
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/03/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 51-0305227	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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	VP <input type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, ROY M	1.2 NAME	Joseph J. White
STREET ADDRESS	4600 SW 41ST BLVD	1.3 STREET ADDRESS	4600 SW 41st Blvd.
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	Gainesville, FL 32608-4999
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S,T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRENZ, WILLIAM N.	2.2 NAME	Edward B. Ward
STREET ADDRESS	4600 SW 41ST BLVD	2.3 STREET ADDRESS	4600 SW 41st Blvd.
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	Gainesville, FL 32608-4999
TITLE	CCEO <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	CROSS, RICHARD H	3.2 NAME	
STREET ADDRESS	152 W 57TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	VPST <input type="checkbox"/> DELETE	4.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPURLIN, HENRY J	4.2 NAME	
STREET ADDRESS	4600 S.W. 41ST BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	BIDDIE, BRUCE	5.2 NAME	
STREET ADDRESS	4600 S W 41ST BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32608-4990	5.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	SIMOND, GARY L	6.2 NAME	
STREET ADDRESS	4600 S.W. 41ST BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	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:

Edward B. Ward, Secretary/Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
4/30/99

Daytime Phone #
352 376-2327

CR2E034 (1/1/98)

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