FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 18 PM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000048171 (1)**

1. Corporation Name
BATTER'S CHOICE, INC.

Principal Place of Business	Mailing Address
2489 KINGDOM AVE MELBOURNE FL 32934	2489 KINGDOM AVE MELBOURNE FL 32934

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/02/1993**
3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business
21: 2515 N. Wickham Rd.
22 Suite, Apt. #, etc.: Melbourne, Florida
23 City & State: 32935
24 Zip / 25 Country:

2a. Mailing Address
26: 2515 N. Wickham Rd.
27 Suite, Apt. #, etc.: Melbourne, Florida
28 City & State: 32935
29 Zip / 30 Country:

4. FEI Number: **59-3215141** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

LAURENDI, KATHLEEN M
2489 KINGDOM AVE
MELBOURNE FL 32934

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	1.1 TITLE	DV	☐ Change ☒ Addition
NAME	ERARIO, PATRICIA M	1.2 NAME	Nancy A. Carney	
STREET ADDRESS	3537 SPARROW LANE	1.3 STREET ADDRESS	2667 Lowell Circle	
CITY-ST-ZIP	MELBOURNE FL 32935	1.4 CITY-ST-ZIP	Melbourne, Fl 32935	
TITLE	DT	2.1 TITLE		☐ Change ☐ Addition
NAME	ERARIO, ROBERT J	2.2 NAME		
STREET ADDRESS	3537 SPARROW LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32935	2.4 CITY-ST-ZIP		
TITLE	DP	3.1 TITLE		☐ Change ☐ Addition
NAME	LAURENDI, KATHLEEN M	3.2 NAME		
STREET ADDRESS	2489 KINGDOM AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32934	3.4 CITY-ST-ZIP		
TITLE	DS	4.1 TITLE		☐ Change ☐ Addition
NAME	LAURENDI, ANTHONY M	4.2 NAME		
STREET ADDRESS	2489 KINGDOM AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32934	4.4 CITY-ST-ZIP		
TITLE	~~DVP~~	5.1 TITLE		☐ Change ☐ Addition
NAME	Nancy	5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Kathleen M Laurendi 4/14/95 407 752-1988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

607.1905 CP