

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000048171 (1) 5680-C

1. Corporation Name

BATTER'S CHOICE, INC.



Principal Place of Business

2515 N WICKHAM ROAD
MELBOURNE FL 32935
US

Mailing Address

2515 N WICKHAM ROAD
MELBOURNE FL 32935
US

3. Date Incorporated or Qualified
07/02/1993

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip 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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAURENDI, KATHLEEN M
2489 KINGDOM AVE
MELBOURNE FL 32934

81 Name Patricia M. Erario

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

3537 Sparrow Lane

83

84 City Melbourne

FL

85 Zip Code 32935

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 Patricia M. Erario

(NOTE: Registered Agent signature required when reinstating)

4/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV
NAME CARNEY, NANCY A
STREET ADDRESS 2667 LOWELL CIRCLE
CITY-ST-ZIP MELBOURNE FL

1.1 TITLE DT
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DT
NAME ERARIO, ROBERT J
STREET ADDRESS 3537 SPARROW LANE
CITY-ST-ZIP MELBOURNE FL 32935

2.1 TITLE DS
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DP
NAME LAURENDI, KATHLEEN M
STREET ADDRESS 2489 KINGDOM AVE
CITY-ST-ZIP MELBOURNE FL 32934

3.1 TITLE DV
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DS
NAME LAURENDI, ANTHONY M
STREET ADDRESS 2489 KINGDOM AVE
CITY-ST-ZIP MELBOURNE FL 32934

4.1 TITLE DV
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE DP
5.2 NAME Patricia M. Erario
5.3 STREET ADDRESS 3537 Sparrow Lane
5.4 CITY-ST-ZIP Melbourne, FL 32935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)