

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

FILED

May 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000048171 (1)

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 32935-8136  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/02/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3215141

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

PATRICIA M ERARIO  
3537 SPARROW LANE  
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

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

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

Patricia M. Erario

(NOTE: Registered Agent signature required when reinstating)

4/19/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	CARNEY, NANCY A	
STREET ADDRESS	2687 LOWELL CIRCLE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ERARIO, ROBERT J	
STREET ADDRESS	3537 SPARROW LANE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	LAURENDI, KATHLEEN M	
STREET ADDRESS	2489 KINGDOM AVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	LAURENDI, ANTHONY M	
STREET ADDRESS	2489 KINGDOM AVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	PATRICIA M. ERARIO	
STREET ADDRESS	3537 SPARROW LANE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	<del>D</del>	<input type="checkbox"/> DELETE
NAME	<del>Rita Petroni</del>	
STREET ADDRESS	<del>320 Southview Ct</del>	
CITY-ST-ZIP	<del>Melbourne, FL 32940</del>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Rita Petroni	
1.3 STREET ADDRESS	320 Southview Ct	
1.4 CITY-ST-ZIP	Melbourne, FL 32940	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

0103763

CR2E034 (9/96)