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

PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: X Y



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

FILED

May 13 1998 8:00am

Daytime Prione #

0108168

Secretary of State

Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P93000048171 (1) BATTER'S CHOICE, INC. Principal Place of Business Mailing Address 2515 N WICKHAM ROAD 2515 N WICKHAM ROAD MELBOURNE FL \$2935 MELBOURNE FL 32935 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/02/1993 2, Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 59-3215141 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. X Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 **PATRICIA M ERARIO** A CARNEY HANCY -8597-SPARROW LANE Street Address (P.O. Box Number is Not Acceptable) 82 ΚÙ WICKHAM MELBOURNE FL 32935 83 84 City MELBOURNE 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 > (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DPS DELETE Addition TITLE -BT 1.1.70UE CARNEY, NANCY A NAME 1.2 NAME 2667 LOWELL CIRCLE STREET ADDRESS 1.3 STREET ADDRESS MELBOURNE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition DELETE TITLE 2.1 TITLE DS ROBERT S. MILLER NAME ERARIO; ROBERT J. 2.2 NAME 2661 LOWELL CIRCLE 3537 SPARROW LANE STREET ADDRESS 2.3 STREET ADDRESS MEIBOURNE 7L 32935 MELBOURNE FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change DELE1E Addition TITLE 3.1 1ITLE PETRONI, RITA NAME 3.2 NAME 320 SOUTHVIEW CT. STREET ADDRESS 3.3 STREET ADDRESS MELBOURNE FL CITY-ST-ZIP 3.4. CITY-ST-7IP DELETE Addition 4.1 TITLE ☐ Change PATRICIA M. ERARIO. 4. 2 NAME 3537 SPARROW LANE 4.3 STREET ADDRESS STREET ADDRESS MELBOURNE FL CITY-ST-ZIP 4.4 CHY-ST-ZIP DELETE Addition Change TITLE 5.1 Title 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 54 CITY-ST-ZIP DELETE 6.1 TITLE Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS. 6.4 CITY-ST-ZIP

14. Thereby 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.

NAME OF BIGHING OFFICER OR DIRECTOR