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

FILED
95 APR 21 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000012671 (1)**

1. Corporation Name
BATTLEFIELD'S HYDRO SPORTS, INC.

Principal Place of Business	Mailing Address
6330 46TH STREET NORTH UNIT D PINELLAS PARK FL 34665	6330 46TH STREET NORTH UNIT D PINELLAS PARK FL 34665

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/16/1994
3a. Date of Last Report: ---

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-3224633 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) / Country (25) / Zip (29) / Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DORRITIE, SHERILYN
6330 46TH STREET NORTH, UNIT D
PINELLAS PARK FL 34665

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 _____ (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	D	1.1 TITLE	D/P	☒ Change ☐ Addition
NAME	DORRITIE, SHERILYN	1.2 NAME	Dorritie, Sherilyn	
STREET ADDRESS	4934 17 AVE. NO.	1.3 STREET ADDRESS	4934 17th Ave. No.	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	1.4 CITY-ST-ZIP	St. Pete., FL 33710	
TITLE	D	2.1 TITLE	D/V	☒ Change ☐ Addition
NAME	DORRITIE, AILEEN	2.2 NAME	Dorritie, Aileen	
STREET ADDRESS	4934 17 AVE. NO.	2.3 STREET ADDRESS	4934 17th Ave. No.	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	2.4 CITY-ST-ZIP	St. Pete., FL 33710	
TITLE		3.1 TITLE	S	☐ Change ☒ Addition
NAME		3.2 NAME	Jolicoeur, Brian	
STREET ADDRESS		3.3 STREET ADDRESS	4934 17th Ave. No.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	St. Pete., FL 33710	
TITLE		4.1 TITLE	T	☐ Change ☒ Addition
NAME		4.2 NAME	Battershill, Christopher	
STREET ADDRESS		4.3 STREET ADDRESS	530 7th Ave. No.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	St. Pete., FL 33701	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		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)(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: Sherilyn Dorritie Sherilyn Dorritie 4-18-95 (813) 527-7143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044839 CP