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Apr 04 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 # **P94000012671 (1)**

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



Principal Place of Business
**6330 46TH STREET NORTH, UNIT D
PINELLAS PARK FL 34665**

Mailing Address
**6330 46TH STREET NORTH, UNIT D
PINELLAS PARK FL 33781-5970**

3. Date Incorporated or Qualified
02/16/1994

3a. Date of Last Report
04/09/1996

4. FEI Number
59-3224633

Applied For
☐ Yes ☒ 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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 **33781**

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 **33781**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DORRITIE, SHERILYN	
STREET ADDRESS	4934 17 AVE. NO.	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DORRITIE, AILEEN	
STREET ADDRESS	4934 17 AVE. NO.	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JOLICOEUR, BRIAN	
STREET ADDRESS	4934 17TH AVE. NO.	
CITY - ST - ZIP	ST PETE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BATTERSHILL, CHRISTOPHER	
STREET ADDRESS	530 7TH AVE. NO.	
CITY - ST - ZIP	ST PETE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sherilyn Dorritle	
1.3 STREET ADDRESS	4934 17 Ave. No.	
1.4 CITY - ST - ZIP	St. PETERSBURG, FL	
2.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Aileen Dorritle	
2.3 STREET ADDRESS	4934 17 Ave No.	
2.4 CITY - ST - ZIP	St. PETERSBURG, FL	
3.1 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Brian Jolicoeur	
3.3 STREET ADDRESS	4934 17 Ave. No.	
3.4 CITY - ST - ZIP	St. PETERSBURG, FL	
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: **Sherilyn Dorritle** **3-10-97 (813) 527-7143**

CR2E034 (9/96)