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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

V70825



1. Corporation Name
E.T. WILLIAMS TRADITIONAL ARCHERY, INC.

| NAME   STREET ADDRESS   12 NMYRICA RD.   13 STREET ADDRESS   14 CTY-ST-ZPP   | Principal Place o                                  |  | Mailing Address P.O. BOX 16814 WEST PALM BEACH US | FL 33416       | <u></u>                 |   |                    |  |
|--|--|--|---|----------------|-------------------------|---|--------------------|--|
| SUIT. And A dec U O R H 22 LANK E U O R H 22 CH 5 & State 2 Ch 5 & |  |  |   |                |                         |   | 3a. Date of / 05/1 | 0/1995                                   |
| SULLANS, April, etc.  22 LACK EUR UR 11  22 LACK EUR UR 11  25 STAC April etc.  26 Chy & State  27 County  28 Chy & State  29 Chy & State  20 Chy & State  21 County  22 County  23 3 460 25 U.S.P.  24 Solder  25 STAC Additional preventing  26 Chy & State  27 County  28 County  29 County  30 County  30 County  31 Name and Address of New Registered Agent  31 Name  31 Name  32 Street Address & P.O. Box Name to Registered Agent  31 Name  32 Street Address & P.O. Box Name to Registered Agent  33 Name  34 Cay  35 Street Address & P.O. Box Name to Registered Agent  36 Cay  37 County  38 Name  39 Name  30 Name and Address of New Registered Agent  30 Name and Address of New Registered Agent  40 Cay  41 Street Address & P.O. Box Name to Registered Agent  41 Street Address & P.O. Box Name to Registered Agent  42 Street Address & P.O. Box Name to Registered Agent  43 Street Address & P.O. Box Name to Registered Agent  44 Cay  45 Street Address & P.O. Box Name to Registered Agent  45 Street Address & P.O. Box Name to Registered Agent  45 Street Address & P.O. Box Name to Registered Agent  45 Street Address & P.O. Box Name to Registered Agent  46 Cay  47 Lack Street Address & P.O. Box Name to Registered Agent  46 Cay  47 Lack Street Address & P.O. Box Name to Registered Agent  47 Lack Street Address & P.O. Box Name to Registered Agent  48 Cay  49 Lack Street Address & P.O. Box Name to Registered Agent  49 Lack Street Address & P.O. Box Name to Registered Agent  40 Lack Street Address & P.O. Box Name to Registered Agent  40 Lack Street Address & P.O. Box Name to Registered Agent  40 Lack Street Address & P.O. Box Name to Registered Agent  40 Lack Street Address & P.O. Box Name to Registered Agent  40 Lack Street Address & P.O. Box Name to Registered Agent  40 Lack Street Address & P.O. Box Name to Registered Agent  40 Lack Street Address & P.O. Box Name to Registered Agent  40 Lack Street Address & P.O. Box Name to Registered Agent  40 Lack Street Address & P.O. B | 2. Principal Place of Business 1 1848 7 Ave. N. 26 |  |   |                |                         | 4. FET Number 65-0409147                |                    | — - :· · · · · · · · · · · · · · · · · · |
| Copy   State   Copy     | Suite, Apt. #,                                     |  |   | City & State   |                         | F 0.25 10.1                             |                    | 3.75 Additional                          |
| 23 3 46  |  |  | e m-1   |                |                         | , _                                     | , \$               | <b>5.00</b> May Be                       |
| WILLIAMS, EDDIE T. 2521 MYRICA RD WEST PALM BEACH FL 33406  13   | <sup>Z</sup> 53346                                 | Country<br>25 USA                      | F1  |                |                         | 8. This corporation has liability for   | ntangible tax und  |  |
| WILLIAMS, EDDIE T. 2521 MYRICA RD WEST PALM BEACH FL 33406  ### City FL   85 Zep Code ### City F |  | 9. Name and Address of Currer          | t Registered Agent                                |                |                         | 10. Name and Address of New R           | egistered Agen     | t  |
| ### STREET ADDRESS  ### City  ### City ### C | 1470 1 144   | IO FODIE T                             | <del></del>                                       | 81             | Name                    |   | 7                  |  |
| WEST PALM BEACH FL 33406  BS   Star   City   |  |  |   | 82             | Street Addres           | e /P.O. Box Number is Not Acceptab      | (a)                |  |
| ### City   |  |  |   |                | Oli COL Picioles        | S (F. C. DON MANIFOLD IS NOT ACCEPTED   | 16)                |  |
| 11. Pursuant to the provisions of Sections 607 0502 and 607 1506, floored Statutors, the above-ranked corporation submits this extrement for the parabose of changing its registered of or registered agent, or both, in the State of Florids Statutors floored by the corporation's board of directurs. Thereby accept the appointment as registered digent, 1 am familiar with and accept the obligations of Section 607 0506, floored Statutors  SIGNATURE  SIGN | WEST   | ALM DEACH PL 33400                     |   | 83             |                         |   |                    |  |
| 11. Pursuant to the provisions of Sections 607 0502 and 607 1506, floored Statutors, the above-ranked corporation submits this extrement for the parabose of changing its registered of or registered agent, or both, in the State of Florids Statutors floored by the corporation's board of directurs. Thereby accept the appointment as registered digent, 1 am familiar with and accept the obligations of Section 607 0506, floored Statutors  SIGNATURE  SIGN |  |  |   | 84             | Čitv                    |   | los.               | Zin Codo                                 |
| SIGNATURE    POFFICE RIS AND DIFFE CLORES   13.   ADDITIONS/CHANGES TO OFFICERS AND DIFFE CLORES   11 mm,   Addition   Ad |  |  |   |                | •                       |   | - 1-1              | 1  |
| 17   18   18   18   18   18   18   18  | 12.<br>TITLE                                       | P OFFICERS ANI                         | DIRECTORS   | 13.            | कुरक्षांगर सं उपसन्ते स |   | CERS AND DIRE      |  |
| THE  | STREET ADDRESS                                     | 2521 MYRICA RD.                        |   |                | DERESS                  |   |                    |  |
| NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition  |  |  | F3 05(5)6   |                | ZIP                     | · — · — · · · · · · · · · · · · · · · · |                    |  |
| 2521 MYRICA RD.   23 STREET ADDRESS   24 CITY-ST-ZIP   | i  | WILLIAMS, SHARYN M                     | [] nereie   |                |                         | ☐ Change ☐ Addition                     |                    |  |
| DELETE   24 CITY-ST-ZIP  |  |  |   |                |                         |   |                    |  |
| DELFTE   DELFTE   3   TITLE  |  | W. PALM BEACH FL                       |   | 1              |                         |   |                    |  |
|  |  |  | ☐ DELETE  |                | <u> </u>                |   | □ Cn2              | nno 🔲 Addition                           |
| 33 SHEEL ADDRESS   34 CHY - ST - ZIP   | NAME   |  |   |                |                         |   | [] Cria            | ilde 🔲 Waqiileii                         |
|  | STREET ADDRESS                                     |  |   | •              | DERESS                  |   |                    |  |
| DELETE   | CHTY-ST-ZIP  |  |   |                |                         |   |                    |  |
| STREET ADDRESS  DITY-ST-ZIP  4 3 STREET ADDRESS  A 4 CHY ST-ZIE  DELETE  5 1 TITLE  Change Addition  52 NAME  52 NAME  53 STREET ADDRESS  DITY-ST-ZIP  DELETE  6 1 TITLE  DELETE  6 1 TITLE  Addition  62 NAME  63 STREET ADDRESS  DITY-ST-ZIP  44 CHY-ST-ZIP  Addition  64 CHY-ST-ZIP  14. L do hereby certify that the information supplied with this filling is you place in foreign and close and market for the second to a tree of the late of the second to a tree of the late of the second to a tree of the late of the second to a tree of the late of the second to a tree of the late of the second to a tree of the late of the second to a tree of the late of the second to a tree of the late of the second to a tree of the late of the late of the second to a tree of the late of t | THILE  |  | DELETE  |                |                         |   | Cha                | nge 🔲 Addition                           |
| A 4 City ST-28  INTE  DELETE  5 1 TITLE  Change Addition  5 2 NAME  5 3 STREET ADDRESS  DITY-ST-7P  5 4 CITY-ST-7P  TITLE  DELETE  6 1 TITLE  Change Addition  Addition  Change Addition  Addition  For NAME  6 3 STREET ADDRESS  CITY-ST-28P  6 3 STREET ADDRESS  CITY-ST-28P  6 4 CITY-ST-28P  6 4 CITY-ST-28P  6 4 CITY-ST-28P  | NAME   |  |   | 4.2 NAME       |                         |   |                    | · _                                      |
| ITLE DELETE 5 1 TILE Change Addition  AMME 52 NAME  52 NAME 53 STHEET ADDRESS DITY-ST-ZIP  TILE DELETE 6 1 TILE DELETE 6 2 NAME  63 STREET ADDRESS DITY-ST-ZIP  44. L do hereby certify that the information suppored with this filter as yellowish a lengt special country for the time information suppored with this filter as yellowish a lengt special country for the time information suppored with this filter as yellowish a lengt special country for the time information suppored with this filter as yellowish a lengt special country for the time information suppored with this filter as yellowish and special country for the time information suppored with this filter as yellowish and special country for the time information suppored with this filter as yellowish and special country for the time information.  | STREET ADDRESS                                     |  |   | 4.3 STREET AD  | ORESS                   |   |                    |  |
| STREET ADDRESS  DELETE 5 3 STREET ADDRESS  DELETE 6 1 TITLE  DELETE 6 2 NAME  6 2 NAME  6 3 STREET ADDRESS  DITY-ST-ZIP  4. I do hereby certify that the information supplied with this filter as you place from the filter and specified and sp |  |  |   | 4.4 CHY ST-2   | 's                      |   |                    |  |
| STREET ADDRESS  5.3 STREET ADDRESS  DELETE 5.4 CTV-ST-ZIP  THE DELETE 6.1 TITLE  Change Addition  6.2 NAME  6.3 STREET ADDRESS  CHY-ST-ZIP  14. Lide hereby certify that the information supplied with this filter as you place in furnish at early special sp |  |  | DELETE  | 5 1 TITLE      |                         |   | □ Спа              | nge 🔲 Addition                           |
| STREET ADDRESS  CITY-ST-ZIP  14. I do hereby certify that the information supplied with this filtrar is voluntable furnished and specified and |  |  |   | 5.2 NAME       |                         |   |                    |  |
| ITLE DELETE 6   TITLE Change Addition    Addition   G2 NAME  |  |  |   |                | ļ.                      |   |                    |  |
| NAME  62 NAME  62 NAME  63 STREET ADDRESS  City-S1-2IP  64 City-S1-2IP  64 City-S1-2IP  64 City-S1-2IP   |  |  | D DE LTC  |                | 1P                      |   |                    |  |
| 6 3 STREET ADDRESS  OTHY-ST-2IP  6 4 STREET ADDRESS  6 4 STREET ADDRESS  6 4 STREET ADDRESS  6 4 STREET ADDRESS  6 5 STREET AD |  |  |   |                |                         |   | Char               | ige [_] Addition                         |
| OTY-S1-2IP 64 CITY-S1-2IP 64 CITY-S1 | I .  |  |   |                | 00000                   |   |                    |  |
| 4. I do hereby certify that the information supplied with this filling is vot retailed furnished and close not quality for two grounding states in Section 440-070000. Find the filling is   | 1  |  |   |                |                         |   |                    |  |
| 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  | 14. I do hereby o                                  | ertify that the information supplied w | ith this filing is voluntarily furnis             | had and does n | of curality by I        | ne exemption stated in Section 119 (    | 7/3)(k) Florida St | tatutes I further                        |

SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR