SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Aug 10, 1999 8:00 am Secretary of State

08-10-1999 90014 023 \*\*\*550.00

DOCUMENT #  1. Corporation Name	P94000092238
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BATES SONS & DAUGHTERS, INC.

Principal Place	e of Business	Mailing Address						19116 11916 1	1840 Itibi (81) (89)
81 BATES RD.		81 BATES RD.							
LAKE PLACID	FL 33852	LAKE PLACID FL 33	3852			DO NOT WEST	- IN TUIC 1	ים אכב	
						DO NOT WRIT  3. Date Incorporated or Qualified	E IN I I I I I	PACE	
						12/19/1994			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				65-0542091			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	j.			5. Certificate of Status Desired			Additional Required
City & State	e	City & State				6. Election Campaign Financing		\$5.0	0 May Be
23		28				Trust Fund Contribution	_ <u> </u>		d to Fees
Zip	Country	Zip	Cou	untry		8. This corporation owes the curre	nt year	, ,	K™A
24	25	29	30			Intangible Personal Property.			No No
	9. Name and Address of Curre	ent Registered Agent		81	Na	10. Name and Address of New Ro	gistered A	gent	
RΔ1	TES, JAMES D			[81]	Name				
	BATES RD.			82	Street Addre	ess (P.O. Box Number is Not Acceptal	ole)		
- •	KE PLACID FL 33852			83					
				84	City		FL	85   Zip	p Code
office or	t to the provisions of sections 607.05 registered agent, or both, in the Sta am familiar with, and accept the obl	ite of Florida. Such change	was authorize	ed by	the corporation	ration submits this statement for the pur on's board of directors. I hereby accept	pose of cha the appoin	anging its tment as	registered registered
PICKIATURE									
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable	(NOTE: Registe	ered Ag	gent signature requ	ired when reinstating)	DATE		
SIGNATURE	OFFICERS A	gent and title if applicable	13.		gent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFF		DIRECT	TORS IN 12
	OFFICERS A		13. TE 1.1 TI	ITLE	gent signature requ			DIRECT	TT
12. TITLE NAME	PD BATES, JAMES D	AND DIRECTORS	13. TE 1.1 TF 1.2 N/	ITLE IAME				=7 .	TT
12. TITLE	PD BATES, JAMES D 81 BATES RD.	AND DIRECTORS	13. TE 1.1 TI 1.2 N/ 1.3 ST	ITLE IAME TREET	ADORESS			=7 .	TT
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A PD BATES, JAMES D 81 BATES RD. LAKE PLACID FL	AND DIRECTORS	13. TE 1.1 TE 1.2 N/ 1.3 ST 1.4 CI	ITLE IAME TREET /	ADORESS			Change	e Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD BATES, JAMES D 81 BATES RD. LAKE PLACID FL VD	AND DIRECTORS	13. TE 1.1 TF 1.2 N/ 1.3 ST 1.4 CC	ITLE IAME TREET / ITY-ST-	ADORESS			=7 .	e Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD BATES, JAMES D 81 BATES RD. LAKE PLACID FL VD BATES, DOROTHY R	AND DIRECTORS	13. TE 1.1 T! 1.2 N/ 1.3 ST 1.4 CI TE 2.1 TI 2.2 N/	ITLE IAME TREET / ITY-ST- ITLE IAME	ADDRESS -ZIP			Change	e Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD BATES, JAMES D 81 BATES RD. LAKE PLACID FL VD BATES, DOROTHY R 81 BATES RD.	AND DIRECTORS	13. TE 1.1 TE 1.2 N/ 1.3 ST 1.4 CI TE 2.1 TI 2.2 N/ 2.3 ST	ITLE IAME TREET / ITY-ST- ITLE IAME TREET /	ADDRESS ADDRESS			Change	e Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BATES, JAMES D 81 BATES RD. LAKE PLACID FL VD BATES, DOROTHY R 81 BATES RD. LAKE PLACID FL	AND DIRECTORS DELET	13. TE 1.1 TE 1.2 N/ 1.3 ST 1.4 CI TE 2.1 TI 2.2 N/ 2.3 ST 2.4 CI	ITLE IAME TREET / ITY-ST- ITLE IAME TREET /	ADDRESS ADDRESS			Change	Addition
12. TITLE NAME STREET ADDRESS CITY.ST-ZIP TITLE NAME STREET ADDRESS CITY.ST-ZIP TITLE	PD BATES, JAMES D 81 BATES RD. LAKE PLACID FL VD BATES, DOROTHY R 81 BATES RD. LAKE PLACID FL TD	AND DIRECTORS	13. TE 1.1 TE 1.2 N/ 1.3 ST 1.4 CI TE 2.1 TI 2.2 N/ 2.3 ST 2.4 CI TE 3.1 TI	ITLE IAME TREET / ITLE IAME TREET / ITLE ITREET /	ADDRESS ADDRESS			Change	Addition
12. TITLE NAME STREET ADDRESS CITY.ST-ZIP TITLE NAME STREET ADDRESS CITY.ST-ZIP TITLE NAME	PD BATES, JAMES D 81 BATES RD. LAKE PLACID FL VD BATES, DOROTHY R 81 BATES RD. LAKE PLACID FL TD BATES, SHERI	AND DIRECTORS DELET	13. TE 1.1 TE 1.2 N/ 1.3 ST 1.4 CC 1.1 TE 2.1 TI 2.2 N/ 2.3 ST 2.4 CC 3.1 TI 3.2 N/ 3.2 N/ 3.2 N/ 3.2 N/	ITLE IAME ITY-ST- ITLE IAME ITY-ST- ITLE ITY-ST- ITLE	ADDRESS  ADDRESS  ADDRESS			Change	Addition
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14. I 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: