

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H00826 (8)**  
1. Corporation Name  
**BATES DEVELOPING COMPANY**



Principal Place of Business: **7 BARRACUDA LANE OCEAN REEF N KEY LARGO FL 33037 US**  
Mailing Address: **7 BARRACUDA LANE OCEAN REEF N KEY LARGO FL 33037 US**

2. Principal Place of Business: **21 6 Barracuda Lane** Suite, Apt. #, etc.  
**22 Ocean Reef** City & State  
**23 N Key Largo, FL** Zip: **24 33037** Country: **25 US**  
2a. Mailing Address: **26 6 Barracuda Lane** Suite, Apt. #, etc.  
**27 Ocean Reef** City & State  
**28 N Key Largo, FL** Zip: **29 33037** Country: **30 US**

3. Date Incorporated or Qualified: **04/23/1984** 3a. Date of Last Report: **06/02/1995**  
4. FEI Number: **59-2396892** Applied For:  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

9. Name and Address of Current Registered Agent  
**BATES, WILLIAM L., JR.**  
**7 BARRACUDA LANE**  
**OCEAN REEF**  
**N KEY LARGO FL 33037**

10. Name and Address of New Registered Agent  
81 Name: **Bates, William L., Jr.**  
82 Street Address (P.O. Box Number is Not Acceptable): **6 Barracuda Lane**  
83 City: **Ocean Reef**  
84 City: **N. Key Largo, FL** 85 Zip Code: **33037**

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 their address) \_\_\_\_\_ (Name, Registered Agent's address, registered office or office) \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1. TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BATES, WILLIAM L. JR.</b>	2. NAME	
STREET ADDRESS	<b>C/O KLAC 50 CLUBHOUSE ROAD</b>	3. STREET ADDRESS	<b>62 Anchor Drive, Unit A</b>
CITY-ST-ZIP	<b>N KEY LARGO FL</b>	4. CITY-ST-ZIP	<b>33037</b>
TITLE	<b>ST</b>	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BATES, WILLIAM L.</b>	6. NAME	
STREET ADDRESS	<b>C/O KLAC 50 CLUBHOUSE ROAD</b>	7. STREET ADDRESS	
CITY-ST-ZIP	<b>N KEY LARGO FL</b>	8. CITY-ST-ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	<b>400001854784</b>
CITY-ST-ZIP		16. CITY-ST-ZIP	<b>-06/07/96--01007--045</b>
TITLE		17. TITLE	<b>***208.75</b>
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. 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)(k), 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: *William L. Bates Jr* **PRESIDENT** 4/30/96 (305) 367-4553  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

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