FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthania

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000 86618

FILED
Jun 10 1997 8:00am
Secretary of State

BAT RUNNERS, INC.								
Principal Place of Business Mailing Address								
CAPE CORAL, FL CAPE CORAL, FL					zwy			
CAPE CORAL, FL CAPE CORAL,				~		3. Date Incorporated or Qualified	3a. Date of Last	Report
33909 3				3909		11/9/95	1 6	196
2. Principal Place of Business 2a. Mailing Address				- 10 1		4. FEI Number		Applied For
21 26						65-0616862		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				•		5. Certificate of Status Desired	□ \$8.75	Additional
22 27						S. Certificate of Status Desired	Fee	Required
City & State City & State						6. Election Campaign Financing		O May Be
23		28			 	Trust Fund Contribution		d to Fees
Zip	Country	Zip	Cou	nıry		8. This corporation has liability for	intangible tax under Yes No	s. 199.032,
24	9. Name and Address of Current	29 Bagistared Agent	30			Florida Statutes L 10. Name and Address of New Re		
	9. Name and Address of Current	Pagistaled Agent		B1	Name	TO, Harrie and Address of New He	gistered Agent	
ROBERT F. FOWLER								
601 & KISMET PKWY				82 Street Addre		Idress (P.O. Box Number is Not Acceptat	ess (P.O. Box Number is Not Acceptable)	
				B3				
00	PE CORAL FL	22000	ļ	_				
, Or	TE CORAL, I'E	33707		84	City		FL 85 Z	p Code
11. Pursuant to the provisions of Sections 60,0502 and 607.1508. Florida Statutes, the above-named exportation submits this statement for the purpose of changing its registered office or registered agent, in the state of Florida Section agent. I am familiar with the accept the appointment as registered agent. I am familiar with the accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tills if applicable (NOTE: Reg stered Agent signature required when reinstating) DATE.								
12.	OFFICERS AND		13,			ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTO	ORS IN 12
TITLE	PRUSIDENT	DELETE	1.1 111	LE			☐ Change	
NAME	■ 1.2		1.2 NA	1.2 NAME				13
STREET ADDRESS	ROBGET F. FOWLER			REET	ADDRESS	3		}
CITY-ST-ZIP	CAPE CORAL FL 33909			TY-\$1	T-21P			8
TITLE	V. PRESIDENT DELETE 2.1			ſLE			☐ Change	e 🔲 Addition
NAME .	LESCIE d. FOWLER			ME	1			
STREET ADDRESS	601 & Kismor F	DK WY	2.3 ST	REET	address			
l	CAPE CORAL FIL	<u> 3 3909</u>	2. 4 CI	ITY - S	T - ZIP			
TITLE		DELETE	3.1 TIT	LF	.		L Change	e 🔲 Addition
NAME			3.2 NA					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		DELETE	3.4 CI		T-ZIP		Change	e Addition
TITLE		☐ DELETE	4.1 1(1				ститус	, Modition
NAME			4. 2 N					
STREET ADDRESS					ADDRESS		0	
CITY-ST-ZIP		☐ DELETE	4.4 CI		I - ZIP		Change	Addition
TITLE			5.2 NA				1177	7
NAME CTREET ADDRESS					ANDRESS	<	ID [0] [9	2/92
STREET ADDRESS	1		- 1	5 3 STREET ADDRESS 5 4 City-St-Zip		- Marian Mar	"] W[[G	" / *
CITY-ST-ZIP TITLE			61 717				☐ Change	e Addition
NAME			6 2 NA			4000022	10544	
STREET ADDRESS					ADDRESS	-06/12/9701:	106009	
CITY-ST-7/P	(-S1-7IP 640			TY - ST	3 - ZIP	***165.00		
14. I do hereb	y certify that the information supplied	with this filing does not qu	alify for the	exer	mption sta	ted in Section 119,07(3)(i), Florida Statute	es. I further certify the	at the