

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90016 013 ***635.00

DOCUMENT # 418882

1. Corporation Name
CONARD B.A.C. CORP.



Principal Place of Business
**3647 CORTEZ RD. W.
BRADENTON FL 34210**

Mailing Address
**3647 CORTEZ RD. W.
BRADENTON FL 34210**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1969

4. FEI Number

59-1264351

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **3643 Cortez Rd W**

26 **3643 Cortez Rd W**

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 **110**

27 **110**

City & State

City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONARD, RICHARD T
3647 CORTEZ RD. W.
BRADENTON FL 34210**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1707 71ST ST NW

83

84 City **Braden**

FL

85 Zip Code **34209**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **CONARD, RICHARD T**
STREET ADDRESS **3647 CORTEZ RD. W.**
CITY-ST-ZIP **BRADENTON FL 34210**

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **CONARD, BETTY A**
STREET ADDRESS **3647 CORTEZ RD. W.**
CITY-ST-ZIP **BRADENTON FL 34210**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)