

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

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

03-17-1999 90016 013 ***635.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

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

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
 21 **3643 Cortez Rd W**
 Suite, Apt. #, etc
 22 **110**
 City & State
 23
 Zip Country
 24

2a. Mailing Address
 26 **3643 Cortez Rd W**
 Suite, Apt. #, etc.
 27 **110**
 City & State
 28
 Zip Country
 29

9. Name and Address of Current Registered Agent
**CONARD, RICHARD T
 3647 CORTEZ RD. W.
 BRADENTON FL 34210**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
1707 71ST ST NW
 83
 84 City **Bradenton** 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CONARD, RICHARD T	
STREET ADDRESS	3647 CORTEZ RD. W.	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CONARD, BETTY A	
STREET ADDRESS	3647 CORTEZ RD. W.	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	1707 71ST ST NW
14 CITY-ST-ZIP	Bradenton Fla 34209
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	1707 71ST ST NW
24 CITY-ST-ZIP	Bradenton, Fla 34209
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Richard T Conard*

Date: **1/17/99** 94-727-4378

CR2E034 (1/198)