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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 583790 (1)

1. Corporation Name
BASTEDO, INC.



Principal Place of Business

**531 MAIN ST
DUNEDIN FL 34698
US**

Mailing Address

**531 MAIN ST
DUNEDIN FL 34698
US**

3. Date Incorporated or Qualified **08/30/1978** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21 **1549 SAN ROY DR.** 2a. Mailing Address
26 **1549 SAN ROY DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 **Dunedin FL** 27 City & State
28 **Dunedin, FL**

Zip

Country

Zip

Country

24 **34698** 25 **Pinellas** 29 **34698** 30 **Pinellas**

9. Name and Address of Current Registered Agent

**COOPER, BARBARA
1037 MARY JANE LANE
DUNEDIN FL 34698**

10. Name and Address of New Registered Agent

81 Name **JAMES Sweetin**
82 Street Address (P.O. Box Number is Not Acceptable)
3901 104 AVE N.
83
84 City **CLEARWATER** FL 85 Zip Code **34622**

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

TITLE **PSTD** ☒ DELETE
NAME **COOPER, BARBARA**
STREET ADDRESS **531 MAIN ST.**
CITY-ST-ZIP **DUNEDIN FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE **P** ☒ Change ☐ Addition
NAME **JAMES Sweetin**
12 NAME
13 STREET ADDRESS **3901 104 AVE N**
14 CITY-ST-ZIP **CLEAR, FL 34622**

2. 1 TITLE
2. 2 NAME
2. 3 STREET ADDRESS
2. 4 CITY-ST-ZIP ☐ Change ☐ Addition

3. 1 TITLE ☐ Change ☐ Addition
3. 2 NAME
3. 3 STREET ADDRESS
3. 4 CITY-ST-ZIP

4. 1 TITLE ☐ Change ☐ Addition
4. 2 NAME
4. 3 STREET ADDRESS
4. 4 CITY-ST-ZIP

5. 1 TITLE ☐ Change ☐ Addition
5. 2 NAME
5. 3 STREET ADDRESS
5. 4 CITY-ST-ZIP

6. 1 TITLE ☐ Change ☐ Addition
6. 2 NAME
6. 3 STREET ADDRESS
6. 4 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 to this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES Sweetin JAMES SWEETIN

813/734-5464

Daytime Phone #

CR2E034 (12/95)