FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR 27 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 592285 (1)

1. Corporation Name
BAL, INC.

Principal Place of Business
~~P.O. BOX 875~~
~~PALM HARBOR FL 34682-0875~~

Mailing Address
~~P.O. BOX 875~~
~~PALM HARBOR FL 34682-0875~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/03/1978
3a. Date of Last Report: 02/17/1994

2. Principal Place of Business
21 P.O. Box 867
Suite, Apt. #, etc. 22
City & State 23 SAFETY HARBOR FL
Zip 24 FL 34695 County 25 Pinellas

2a. Mailing Address
26 P.O. Box 867
Suite, Apt. #, etc. 27
City & State 28 SAFETY HARBOR FL
Zip 29 34695 County 30 Pinellas

4. FEI Number: 59-1951195 ☐ 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

CORL, JOHN F.
443 WINDING WILLOW DR.
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name: CORL, John F.
82 Street Address (P.O. Box Number is Not Acceptable): 102 WATEREDGE CT
83
84 City: SAFETY HARBOR FL 85 Zip Code: 34695

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: John F. Corl P/S/D 3-22-95
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	PSD	1.1 TITLE	PSD	☑ Change ☐ Addition
NAME	CORL, JOHN F	1.2 NAME	John F. Corl	
STREET ADDRESS	443 WINDING WILLOW DR.	1.3 STREET ADDRESS	102 Wateredge Ct.	
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	Safety Harbor FL 34695	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 1 or Block 12 if changed, or on an attachment with an address.

SIGNATURE: John F. Corl P/S/D 3.22.95 813/796-0777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)

0401132 FP