

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 690936

(0)

1. Corporation Name

BRUCE BACHMAN ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**% BRUCE BACHMAN
621 SNIVELY AVENUE
WINTER HAVEN FL 33880**

**% BRUCE BACHMAN
621 SNIVELY AVENUE
WINTER HAVEN FL 33880**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/18/1981

3a. Date of Last Report

08/05/1994

4. FEI Number

59-2106230

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BACHMAN, BRUCE
621 SNIVELY AVENUE
WINTER HAVEN FL 33880**

81 Name

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

83

84 City

FL

85 Zip Code

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	VD
NAME	FOWLER, RENEE T.
STREET ADDRESS	1108 PENINSULAR DR
CITY-ST-ZIP	HAINES CITY FL
TITLE	DP
NAME	BACHMAN, BRUCE
STREET ADDRESS	621 SNIVELY AVENUE
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	VD
NAME	TOTH, BARRY
STREET ADDRESS	2022 OVERLOOK DR SE
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	DP	☒ Change ☐ Addition
1.2 NAME	Renee T. Fowler	
1.3 STREET ADDRESS	1108 Peninsular Drive	
1.4 CITY-ST-ZIP	Haines City, FL 33844	☒ Change ☐ Addition
2.1 TITLE	VD	
2.2 NAME	Bruce M. Bachman	
2.3 STREET ADDRESS	621 Snively Ave	
2.4 CITY-ST-ZIP	Winter Haven, FL 33880	☐ 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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 at the time of or before the filing of this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on the attachment with an address.

SIGNATURE:

Bruce M. Bachman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95

813 293-1151