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FILED  
Jun 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 690936

(0)

1. Corporation Name

BRUCE BACHMAN ENTERPRISES, INC.



Principal Place of Business

% BRUCE BACHMAN  
621 SNIVELY AVENUE  
WINTER HAVEN FL 33880

Mailing Address

% BRUCE BACHMAN  
621 SNIVELY AVENUE  
WINTER HAVEN FL 33880-5544

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

06/18/1981

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2106230

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

BACHMAN, BRUCE  
621 SNIVELY AVENUE  
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

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

TITLE DP ☐ DELETE

NAME FOWLER, RENEE T.  
STREET ADDRESS 1108 PENINSULAR DRIVE  
CITY-ST-ZIP HAINES CITY FL

TITLE DP ☐ DELETE

NAME BACHMAN, BRUCE  
STREET ADDRESS 621 SNIVELY AVENUE  
CITY-ST-ZIP WINTER HAVEN FL

TITLE VD ☐ DELETE

NAME TOTH, BARRY  
STREET ADDRESS 2022 OVERLOOK DR SE  
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ DELETE

NAME  
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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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.

SIGNATURE

RONALD J. [Signature]

6-16-97

941-295-1151

CR2E034 (9/96)