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

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 12 1998 8:00am Secretary of State

	MENT # 693063 EY R. BATES CONSULTING					
Principal Place of Business Mailing Address						I SHEN BHILL DIBIN DIGN HORT
4330 NW 20TH PLACE 4330 NW 20TH						:
P.O. BOX 12714 GAINESVILLE FL 32604		P.O. BOX 12714 Gainesville FL 32804		DO NOT WRITE IN THIS	CDAOC :	
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
					07/01/1981	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		59-2100430	Not Applicable	
	Suite, Apt. ₩, etc. Suite, Ap		ole.		5. Certificate of Status Desired	\$8.75 Additional
22					G. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	7(1)	Count	rv	Trust Fund Contribution	Added to Fees
24	25	29	30	7	This corporation owes or has paid the cur Personal Property Tax due June 30.	Trent year intangible ☐ Yes ☐ No
	9. Name and Address of Curren		1001		10. Name and Address of New Registered	
BA'	TES, STANLEY R		8	1 Name		
4330 NW 20TH PLACE GAINESVILLE FL 32604			8	2 Street Ad	dress (P.O. Box Number is Not Acceptable)	
			_		diode (1.0. Box 10. mod io 101. booplab.o)	<u> </u>
			В	3		:
			В	4 City		85 Zip Code
					FL progration submits this statement for the purpose of	
SIGNATURE	n familiar yith, and scept the obligi Stonion typed or protest so of replaced age OFFICERS AN	N od litto t' appticable (N			quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	6/18
TITLE	DP				NOOTHORGOTIVACEO TO OTHORAS AND	☐ Change ☐ Addition
NAME	BATES, STANLEY R					
STREET ADDRESS	4330 N W 20TH PLACE		1.3 STRE	ET ADDRESS		•
CITY-ST-ZIP	GAINESVILLE, FL 00000		1.4 CITY	ST-ZIP		
TITLE	☐ DELETE		2 1 TITLE			Change Addition
NAME			2 2 NAM	i i		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE	T DELETE		2. 4 D(TY 3.1 TITLE			☐ Change ☐ Addition
NAME		LJ DILEIL	3.2 NAM			ondingo : reduitor
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			3.4. CITY			
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAM	E		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAMI	1		4
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CiTY 6.1 TiTLE			☐ Change ☐ Addition
NAME		المال السا	6.1 TITLE			- Origingo - reduction
STREET ADDRESS			3	ET ADDRESS		
City. St. 749				ST-7IP		

14. Thereby 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:

SIGNATURE: