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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

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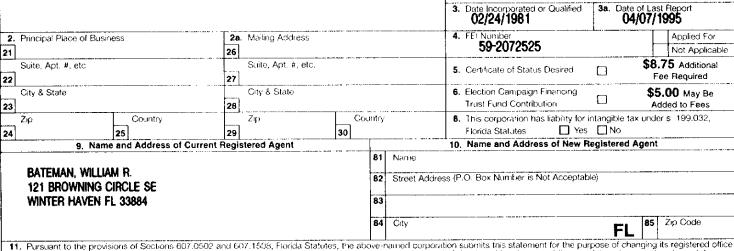
DOCUMENT #

BATEMAN ASSOCIATES, INC.

Principal Place of Business 121 BROWNING CIRCLE, S.E. WINTER HAVEN FL 33884

Mailing Address

121 BROWNING CIRCLE, S.E. WINTER HAVEN FL 33884



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. Thereby accept the appointment as recistered agent. I am

SIGNATURE _	Skyrenine, typed or prosecutance of registered agont as in the t	Distriction (No.)	Ti. Bi-graterus Agent signaturo regore			
12.	OFFICERS AND DIRE	CTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	DELETE	1 1 Till E	☐ Change	Addition	
NAME	Bateman, William R.		1.2 NAME			
STREET ADDRESS	121 BROWNING CIRCLE, SE		1.3 STREET ADDRESS			
CITY - ST - ZIP	WINTER HAVEN FL		1.4 CITY - ST - ZIP			
IITLE	VST	☐ DELETE	2 1 TITLE	☐ Change	Addition	
NAME	Bateman, Leena		2.2 NAME			
STREET ADDRESS	121 BROWNING CIRCLE, SE		2.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL		2 4 CITY - ST - ZIP			
ITLE	D	☐ DELETE	3 1 TITLE	☐ Change	Addition	
NAME	Bateman, Leena		3.2 NAME			
STREET ADDRESS	121 BROWNING CIRCLE, SE		3.3 STREET ADDRESS			
CITY - ST - ZIP	WINTER HAVEN FL		34 CITY ST-ZIP			
TITLE		☐ DELFTE	4 1 TITLE	☐ Change	Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
DITY-ST-ZIP			4 4 CiTY - \$T - ZiP			
TITLE		DELETE	5 1 TITLE	Change	Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE! ADDRESS			
CITY - ST - ZIP			54 CITY S1-ZIP			
TITLE		DELETE	6 1 TITLE	Change	☐ Addition	
NAME			62 NAME			
STREET ADDRESS			6.3 STREET ADORESS			

14. If do hereby certify that the information suppried 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 chapter 607 or an attachment with an address.

64 CITY - ST - ZIF

SIGNATURE: 5

941-324-1117

CR2E034 (12/95)