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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96022**

1. Corporation Name

BASEBALL, INC.

Principal Place of Business

Mailing Address

% Robert a Fowler Jr 303 Riverbend BLVD Longwood Fl 32779 % ROBERT A FOWLER JR 303 RIVERBEND BLVD LONGWOOD FL 32779

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90133 024 ***150.00



DO NOT WRITE IN THIS SPACE

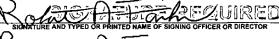
3. Date incorporated or Qualifed

08/10/1982

2. Principal Place of Business		2a, Mailing Address		4. FEI Number	Α	pplied For	
21	26				59-2228775		lot Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.				- 0 - 1/4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	\$8.75	Additional
22	27				5. Certifcate of Status Desired	Fee P	Required
City & State	City & State City & State				6. Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution		to Fees
Zip	Country	Zip Cou			8. This corporation owes the current ye	ar Intangible	
24	25 29 30		30		Personal Property Tax. ☐ Yes 💆 No		₩o
,	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regist	ered Agent	
FOWLER, ROBERT A., JR 303 RIVERBEND BLVD				Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				3tleet Address (F.O. Box Mulliber is Not Acceptable)			
LONGWOOD FL 32779			83	83			
			84	City		F1 85 Zip	Code
44 Dureuent	to the provisions of Sections 607 0502	and 607 1508 Florida Statute	s the above	a-named corr	poration submits this statement for the purpo	se of changing it	s registered
office or re	egistered agent, or both, in the State o	f Florida. Such change was au	thorized by	the corporati	poration submits this statement for the purpo on's board of directors. I hereby accept the	appointment as r	egistered
agent. I ai	m familiar with, and accept the obligati	ons of, Section 607.0505, Flori	ida 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		13.	r zigilardia radolik	ADDITIONS/CHANGES TO OFFICER		ORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		7.001/10/10/07/10/07 TO 07/10/07	☐ Change	
NAME	FOWLER, ROBERT A JR		1.2 NAME			_ ,	_ {
			1.3 STREET	ADDDESS			[
STREET ADDRESS	LONGWOOD, FL 00000						1
CITY-ST-ZIP			1.4 CITY-ST 2.1 TITLE	1-ZIP	- Automotive	☐ Change	Addition
TITLE	V COMPED DATDICIA I			Ì			
NAME	1 OTTELLIA I TITTION I		2.2 NAME				
STREET ADDRESS	***		2.3 STREET				1
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP		☐ Change	Addition
TITLE			3.1 TITLE			□ Citalige	Addition
NAME			3.2 NAME	į			1
STREET ADDRESS			3.3 STREET	ADDRESS			1
CITY-ST-ZIP			3.4. CITY-S	T-ZIP	<u> </u>		
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4.2 NAME	1	· · · · · · · · · · · · · · · · · · ·	• • • •	-
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST	r-ZIP			
TITLE		☐ DELETE	5.1 TITLE	1		☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS	•		5.3 STREET]			
CITY-ST-ZIP			5.4 CITY- ST	r-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			}
CITY-ST-ZIP			6.4 CITY-ST	r-ZIP			İ
	. N. th. A. A information occupation device	this filing does not qualify for			Section 119 07/3\(i) Florida Statutes I furth	or postific that the	information

14. I 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, with all other like empowered.

SIGNATURE



3-13-99 (407)869-0473