

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90155 037 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # G00960**

1. Corporation Name

**DAN E. BATCHELOR, P.A.**

Principal Place of Business

**4171 BONITA BEACH RD.  
P.O. BOX 1899  
BONITA SPRINGS FL 34134  
US**

Mailing Address

**4171 BONITA BEACH RD.  
P.O. BOX 1899  
BONITA SPRINGS FL 33959**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/01/1982**

4. FEI Number

**59-2218658**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

**BATCHELOR, DAN E., ESQ.  
4171 BONITA BEACH RD.  
PO BOX 1899  
BONITA SPRINGS FL 33923**

10. Name and Address of New Registered Agent

**81** Name **MARY ANN TIERGENTILI**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**2200 CAROLBY COURT**  
**83**  
**84** City **Lehigh Acres** **FL** **85** Zip Code **33971**

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 **MARY ANN TIERGENTILI**  
Signature/typed or printed name of registered agent and title if applicable.

**MARY ANN TIERGENTILI**  
(NOTE: Registered Agent signature required when reinstating)

**2/13/99**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PVT</b>	<input type="checkbox"/> DELETE
NAME	<b>BATCHELOR, DAN E</b>	
STREET ADDRESS	<b>4171 BONITA BEACH RD.</b>	
CITY-ST-ZIP	<b>BONITA SPRGS, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BATCHELOR, DAN E</b>	
STREET ADDRESS	<b>4171 BONITA BEACH RD.</b>	
CITY-ST-ZIP	<b>BONITA SPRGS, FL 00000</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: **[Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-8-99** **205-823-4211**  
Date Daytime Phone #

CR2E034 (11/98)