

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

**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90061 006 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # G08286**

1. Corporation Name  
**FOURSCORE MANAGEMENT, INC.**



|   |  |
|---|--|
| Principal Place of Business                         | Mailing Address                                      |
| 6570 BARRHOLF AVENUE<br>JACKSONVILLE FL 32210<br>US | 6570 BARTHOLFE AVENUE<br>JACKSONVILLE FL 32210<br>US |

DO NOT WRITE IN THIS SPACE

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Country             |
| 24                             | 25                     |
| 29                             | 30                     |

|   |  |
|---|--|
| 3. Date Incorporated or Qualified   | Applied For  |
| 11/16/1982  | Not Applicable   |
| 4. FEI Number   |  |
| 59-2230596  |  |
| 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                           |
| <input type="checkbox"/>  |  |
| 6. Election Campaign Financing Trust Fund Contribution                      | \$5.00 May Be Added to Fees                              |
| <input type="checkbox"/>  |  |
| 8. This corporation owes the current year Intangible Personal Property Tax. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**9. Name and Address of Current Registered Agent**

**BATZKA, DAVID L.**  
 6570 BARTHOLF AVENUE  
 JACKSONVILLE FL 32210

**10. Name and Address of New Registered Agent**

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL          |
| 83  |             |
| 84 City   |             |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                     |
|----------------------------|-------------------------------------|
| TITLE                      | PD <input type="checkbox"/> DELETE  |
| NAME                       | BATZKA, DAVID                       |
| STREET ADDRESS             | 6510 BARTHOLF AVENUE                |
| CITY-ST-ZIP                | JACKSONVILLE, F 00000               |
| TITLE                      | VST <input type="checkbox"/> DELETE |
| NAME                       | BATZKA, VICKIE                      |
| STREET ADDRESS             | 6570 BARTHOLFE AVENUE               |
| CITY-ST-ZIP                | JACKSONVILLE, F 00000               |
| TITLE                      | D <input type="checkbox"/> DELETE   |
| NAME                       | BATZKA, VICKIE                      |
| STREET ADDRESS             | 6570 BARTHOLFE AVENUE               |
| CITY-ST-ZIP                | JACKSONVILLE, FL 00000              |
| 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: David Batzka **DAVID D Batzka** 4/3/99 904-772-8777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)