

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

FILED
Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G30068 (2)

1. Corporation Name
BATZ FAMILY, INCORPORATED

Principal Place of Business
C/O LEONARD P. BATZ
6015 SANDRA DR.
SPRING HILL FL 34607

Mailing Address
C/O LEONARD P. BATZ
6015 SANDRA DR.
SPRING HILL FL 34607-2026



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/01/1983		3a. Date of Last Report 01/24/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2266064		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BATZ, LEONARD P. 6015 SANDRA DRIVE SPRING HILL FL 34607				10. Name and Address of New Registered Agent			
				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	Director	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BATZ, LEONARD P			1.2 NAME	Kimberly Woodard		
STREET ADDRESS	6015 SANDRA DR			1.3 STREET ADDRESS	417 FOREST PARK AVE		
CITY - ST - ZIP	SPRING HILL, FL 00000			1.4 CITY - ST - ZIP	TEMPLE TERRACE FL 33617		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	LEONARD C. BATZ (Director)	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BATZ, JOANN			2.2 NAME	1946 - 62 AVE N.E.		
STREET ADDRESS	6015 SANDRA DR.			2.3 STREET ADDRESS	ST. PETERSBURG FL 33702		
CITY - ST - ZIP	SPRING HILL FL			2.4 CITY - ST - ZIP			
TITLE	Kimberly Woodard	<input type="checkbox"/> DELETE		3.1 TITLE	Director	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Leonard C. Batz			3.2 NAME	TAMMY L. BATZ		
STREET ADDRESS				3.3 STREET ADDRESS	6015 SANDRA DR		
CITY - ST - ZIP				3.4 CITY - ST - ZIP	SPRING HILL FL 34607		
TITLE	Bryan Batz	<input type="checkbox"/> DELETE		4.1 TITLE	Director	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Tammy Batz			4.2 NAME	BRYAN J. BATZ		
STREET ADDRESS				4.3 STREET ADDRESS	108 EMPIRE BLVD.		
CITY - ST - ZIP				4.4 CITY - ST - ZIP	JACKSONVILLE N.C. 28546		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do 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.

SIGNATURE: Leonard P. Batz DATE: 1/21/97 DAYTIME PHONE: 352 596 1324

CR2E034 (9/96)