

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H00826 (8)**
1. Corporation Name
BATES DEVELOPING COMPANY



Principal Place of Business: **7 BARRACUDA LANE OCEAN REEF N KEY LARGO FL 33037 US**
Mailing Address: **7 BARRACUDA LANE OCEAN REEF N KEY LARGO FL 33037 US**

2. Principal Place of Business: **21 6 Barracuda Lane** Suite, Apt. #, etc.
22 Ocean Reef City & State
23 N Key Largo, FL Zip: **24 33037** Country: **25 US**
2a. Mailing Address: **26 6 Barracuda Lane** Suite, Apt. #, etc.
27 Ocean Reef City & State
28 N Key Largo, FL Zip: **29 33037** Country: **30 US**

3. Date Incorporated or Qualified: **04/23/1984** 3a. Date of Last Report: **06/02/1995**
4. FEI Number: **59-2396892** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
BATES, WILLIAM L., JR.
7 BARRACUDA LANE
OCEAN REEF
N KEY LARGO FL 33037

10. Name and Address of New Registered Agent
81 Name: **Bates, William L., Jr.**
82 Street Address (P.O. Box Number is Not Acceptable): **6 Barracuda Lane**
83 City: **Ocean Reef**
84 City: **N. Key Largo, FL** 85 Zip Code: **33037**

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 _____ (Signature, typed or printed name of registered agent and their address) _____ (Name, Registered Agent's address, registered office, and mailing address) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1. TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BATES, WILLIAM L. JR.	2. NAME	
STREET ADDRESS	C/O KLAC 50 CLUBHOUSE ROAD	13. STREET ADDRESS	62 Anchor Drive, Unit A
CITY-ST-ZIP	N KEY LARGO FL	14. CITY-ST-ZIP	33037
TITLE	ST <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, WILLIAM L.	22. NAME	
STREET ADDRESS	C/O KLAC 50 CLUBHOUSE ROAD	23. STREET ADDRESS	
CITY-ST-ZIP	N KEY LARGO FL	24. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	400001854784
STREET ADDRESS		63. STREET ADDRESS	-06/07/96--01007--045
CITY-ST-ZIP		64. CITY-ST-ZIP	***208.75

14. I do hereby certify that the information supplied 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 changed, or on an attachment with an address.

SIGNATURE: *William L. Bates Jr* **PRESIDENT** 4/30/96 (305) 367-4553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

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