FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H92510** **(7)**

1. Corporation Name

BATSEL, MCKINLEY, ITTERSAGEN, GUNDERSON & BERNTSSON, P.A.

Principal Place of Business

% C. GUY BATSEL
1861 PLACIDA ROAD ~~SUITE 104~~
ENGLEWOOD FL 34223

Mailing Address

% C. GUY BATSEL
1861 PLACIDA ROAD ~~SUITE 104~~
ENGLEWOOD FL 34223

3. Date Incorporated or Qualified: **01/02/1986**

3a. Date of Last Report: **03/10/1995**

2. Principal Place of Business
21
22 Street Address: Suite 204
23 City & State:
24 Zip
25 County

2a. Mailing Address
26
27 Street Address: Suite 204
28 City & State:
29 Zip
30 County

4. FEI Number: **59-2629363** ☐ 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

BATSEL, C. GUY
1861 PLACIDA ROAD
~~SUITE 104~~
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: Suite 204 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 (Required if this form is being filed for the purpose of changing the registered agent.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DP~~ BATSEL, C. GUY ~~SUNSET PINES CIRCLE~~ ~~BOCA GRANDE FL~~ ☐ DELETE	1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	D/P/T 1861 Placida Road, Suite 204 Englewood, FL 34223 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DV~~ MCKINLEY, MICHAEL R. ~~138 SE GRAHAM STREET~~ PT CHARLOTTE FL ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D/1stVP 18401 Murdock Circle Port Charlotte, FL 33948 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD~~ ITTERSAGEN, SCOTT D. ~~2253 OLEADA CT.~~ ENGLEWOOD FL ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	2nd VP 1861 Placida Road #204 Englewood, FL 34223 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GUNDERSON, MIKO P. ~~29393 KIM AVE~~ ~~PT. CHARLOTTE FL~~ ☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	1861 Placida Rd. #204 Englewood, FL 34223 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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: C. Guy Batsel, Director/President C. Guy Batsel (941)474-7713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #