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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90016 046 ***150.00

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DOCUMENT # H92510

1. Corporation Name

**BATSEL, MCKINLEY, ITTERSAGEN, GUNDERSON & BERNTS
SON, P.A.**

Principal Place of Business

**% C. GUY BATSEL
1861 PLACIDA RD STE 204
ENGLEWOOD FL 34223
US**

Mailing Address

**% C. GUY BATSEL
1861 PLACIDA RD STE 204
ENGLEWOOD FL 34223
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1986

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-2629363

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BATSEL, C. GUY
1861 PLACIDA ROAD
STE 204
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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/99

12. ADDITIONAL DIRECTORS

TITLE **DPT** ☐ DELETE
NAME **BATSEL, C. GUY**
STREET ADDRESS **1861 PLACIDA RD STE 204**
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE **DVP** ☐ DELETE
NAME **MCKINLEY, MICHAEL R.**
STREET ADDRESS **18401 MURDOCK CIR**
CITY-ST-ZIP **PT CHARLOTTE FL**

TITLE **DVP** ☐ DELETE
NAME **ITTERSAGEN, SCOTT D.**
STREET ADDRESS **1861 PLACIDA RD #204**
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **S** ☐ DELETE
NAME **GUNDERSON, MIKO P.**
STREET ADDRESS **1861 PLACIDA RD #204**
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99 941-474-7713

Date

Daytime Phone #

CR2E034 (1/98)