

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

FILED
Apr 11, 1996 08:00 AM
Secretary of State

DOCUMENT # **L03906** (9)

1. Corporation Name
BALLBACK, INC.



Principal Place of Business

% WILLIAM T. EDY
5626 RIVERSIDE DR
CAPE CORAL FL 33904

Mailing Address

% WILLIAM T. EDY
5626 RIVERSIDE DR
CAPE CORAL FL 33904

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

EDY, WILLIAM T.
5400 PELICAN BLVD.
CAPE CORAL FL 33914

3. Date Incorporated or Qualified
07/24/1989

3a. Date of Last Report
04/14/1995

4. FEI Number
65-0136991

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

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. Thereby 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 the 1 day fee

(NOTE: Registered Agent signature required when changing)

(S&T)

12. OFFICERS AND DIRECTORS

TITLE	D	11. TITLE	<input type="checkbox"/> DELETE
NAME	KERSHAW, THOMAS R.	12. NAME	
STREET ADDRESS	5626 RIVERSIDE DR.	13. STREET ADDRESS	
CITY- ST- ZIP	CAPE CORAL FL	14. CITY- ST- ZIP	
TITLE		15. TITLE	<input type="checkbox"/> DELETE
NAME		16. NAME	
STREET ADDRESS		17. STREET ADDRESS	
CITY- ST- ZIP		18. CITY- ST- ZIP	
TITLE		19. TITLE	<input type="checkbox"/> DELETE
NAME		20. NAME	
STREET ADDRESS		21. STREET ADDRESS	
CITY- ST- ZIP		22. CITY- ST- ZIP	
TITLE		23. TITLE	<input type="checkbox"/> DELETE
NAME		24. NAME	
STREET ADDRESS		25. STREET ADDRESS	
CITY- ST- ZIP		26. CITY- ST- ZIP	
TITLE		27. TITLE	<input type="checkbox"/> DELETE
NAME		28. NAME	
STREET ADDRESS		29. STREET ADDRESS	
CITY- ST- ZIP		30. CITY- ST- ZIP	
TITLE		31. TITLE	<input type="checkbox"/> DELETE
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY- ST- ZIP		34. CITY- ST- ZIP	
TITLE		35. TITLE	<input type="checkbox"/> DELETE
NAME		36. NAME	
STREET ADDRESS		37. STREET ADDRESS	
CITY- ST- ZIP		38. CITY- ST- ZIP	
TITLE		39. TITLE	<input type="checkbox"/> DELETE
NAME		40. NAME	
STREET ADDRESS		41. STREET ADDRESS	
CITY- ST- ZIP		42. CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY- ST- ZIP	
15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	
17. STREET ADDRESS	
18. CITY- ST- ZIP	
19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY- ST- ZIP	
23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY- ST- ZIP	
27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME	
29. STREET ADDRESS	
30. CITY- ST- ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY- ST- ZIP	
35. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
36. NAME	
37. STREET ADDRESS	
38. CITY- ST- ZIP	
39. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
40. NAME	
41. STREET ADDRESS	
42. CITY- ST- ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96 (94) 542-1274

CR2E034 (12/95)