

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90119 013 \*\*\*150.00

DOCUMENT # P93000011575

1. Corporation Name

THE BATEMAN GROUP, INC.



Principal Place of Business

Mailing Address

2548 RIVER REACH DRIVE

NAPLES FL 34104

US

S970 18th Ave NW  
Naples FL 34119

P.O. BOX 9843

NAPLES FL 34101

US

P.O. BOX 9843  
NAPLES FL 34101

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1993

4. FEI Number

65-0387807

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.

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BATEMAN, BRADFORD S

2548 RIVER REACH DRIVE

NAPLES FL 34104

AND Ileana Bateman

S970 18th Ave NW

Naples, FL 34119

81 Name

Ileana Bateman

82 Street Address (P.O. Box Number is Not Acceptable)

S970 18th Ave NW

83

84 City

NAPLES

FL

85 Zip Code  
34119

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

Ileana M. Bateman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Mar 13 '99

12.

OFFICERS AND DIRECTORS

TITLE

PT

☐ DELETE

NAME

BATEMAN, BRADFORD S

STREET ADDRESS

2548 RIVER REACH DRIVE

CITY-ST-ZIP

NAPLES FL 34104

TITLE

VPS

☐ DELETE

NAME

BATEMAN, ILEANA M

STREET ADDRESS

2548 RIVER REACH DRIVE

CITY-ST-ZIP

NAPLES FL 34104

TITLE

P

☐ DELETE

NAME

BATEMAN, PHYLLIS A

STREET ADDRESS

2 HOWARD AVE EXT

CITY-ST-ZIP

MERIDEN CT

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

S970 18th Ave NW

1.4 CITY-ST-ZIP

Naples FL 34119

2.1 TITLE

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

S970 18th Ave NW

2.4 CITY-ST-ZIP

Naples FL 34119

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:

Ileana M. Bateman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-99

Date

(941) 596 4738

Daytime Phone #

CR2E034 (11/98)