

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
Division of Corporations

DOCUMENT # **P93000034254 (1)**

1. Corporation Name

BATROX ENTERPRISES, INC.

Principal Place of Business

912 ALLEGRO LANE
APOLLO BEACH FL 33572-729
US

Mailing Address

POST OFFICE BOX 3126
APOLLO BEACH FL 33572-3126

RECEIVED

MAY - 17 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **05/05/1993** 3a. Date of Last Report **03/28/1994**

4. FEI Number **59-3181936** 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. 199.012, Florida Statutes Yes No

2. Principal Place of Business

21 State Apt # etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 P. O. Box 991

27 Suite, Apt #, etc

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

PYLE, TERENCE F
~~5930 FROND WAY~~
~~APOLLO BEACH FL 33572-3126~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **707 Del Webb Boulevard**
83
84 City **Sun City Center** **FL** 85 Zip Code **33573**

11. Pursuant to the provisions of Sections 607.0607 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 607.0603, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Type or Print Name and Address)

Signature of Registered Agent (Type or Print Name and Address)

Date

12. OFFICERS AND DIRECTORS	
12.1 NAME	PD ROXBURY, LYNN M.
12.2 STREET ADDRESS	912 ALLEGRO LANE
12.3 CITY, ST, ZIP	APOLLO BEACH FL
12.4 NAME	STD BATES, CLARENCE E JR
12.5 STREET ADDRESS	912 ALLEGRO LANE
12.6 CITY, ST, ZIP	APOLLO BEACH FL
12.7 NAME	
12.8 STREET ADDRESS	
12.9 CITY, ST, ZIP	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 NAME	
13.6 STREET ADDRESS	
13.7 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8 NAME	
13.9 STREET ADDRESS	
13.10 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11 NAME	
13.12 STREET ADDRESS	
13.13 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 199.012(3)(b), Florida Statutes. I further certify that the information included 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 on Block 12 or 13 of this filing. Change or omission of name with an address.

SIGNATURE: *Clarence E. Bates Jr* **CLARENCE BATES JR** 5/28/95

Date: **4/28/95** Signature: **813-642235**