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Jan 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000046836 (1)

1. Corporation Name

D. L. BATES, INC.



Principal Place of Business

4370 SOUTH TAMiami TRAIL, SUITE 313  
SARASOTA FL 34231

Mailing Address

4370 SOUTH TAMiami TRAIL, SUITE 313  
SARASOTA FL 34231-3437

3. Date Incorporated or Qualified  
07/02/1993

3a. Date of Last Report  
06/19/1996

2. Principal Place of Business

21 9739 Fruitville Rd.  
Suite, Apt. #, etc.

22 City & State  
Sarasota, FL

23 Zip  
34240

24 Country  
U.S.

2a. Mailing Address

26 9739 Fruitville Rd.  
Suite, Apt. #, etc.

27 City & State  
Sarasota, FL

28 Zip  
34240

29 Country  
U.S.

4. FEI Number

65-0426313

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

REINICKE, STEPHANIE A ESQ.  
1800 SECOND STREET, SUITE 803  
SARASOTA FL 34236

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

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BATES, DEREK L  
STREET ADDRESS 115 PASS KEY RD.  
CITY-ST-ZIP SARASOTA FL 34242

TITLE STD  
NAME SMITH, WILLIAM J  
STREET ADDRESS 9397 MIDNIGHT PASS RD., #627  
CITY-ST-ZIP SARASOTA FL 34242

TITLE VD  
NAME HALL, CHRISTINA  
STREET ADDRESS 37555 SCHOOL AVE #53  
CITY-ST-ZIP SARASOTA FL 34239

TITLE D  
NAME BRUNO, EARL  
STREET ADDRESS 200 DEERWOOD DRIVE  
CITY-ST-ZIP KERRVILLE TX 78028

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)