

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED,
AND
FILED

05 MAY - 1 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000053558 (1)**

1. Corporation Name
THE BATY GROUP, INC.

Principal Place of Business: **455 DOUGLAS AVE STE. 2255-D ALTAMONTE SPRINGS FL 32714 US**
Mailing Address: **P.O. BOX 162282 ALTAMONTE SPRINGS FL 32716-2282 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/26/1993	3a. Date of Last Report 04/07/1994
4. FEI Number 59-3192687	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business:	2a. Mailing Address:
21 455 DOUGLAS AVE	26
22 Suite 1655-2	27
23 ALTAMONTE SPRINGS, FL	28
24 32714	25 US

9. Name and Address of Current Registered Agent

**BATY, RALPH D SR
410 ENESHAM PLACE
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.04(2) and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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, Sections 607.04(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC BATY, RALPH DSR 410 EVESHAM PLACE LONGWOOD FL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY & STATE		3. CITY & STATE	
ZIP		4. ZIP	
TITLE	ST BATY, SARAH E. 5410 EVESHAM PLACE LONGWOOD FL	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY & STATE		7. CITY & STATE	
ZIP		8. ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		9. NAME	
STREET ADDRESS		10. STREET ADDRESS	
CITY & STATE		11. CITY & STATE	
ZIP		12. ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13. NAME	
STREET ADDRESS		14. STREET ADDRESS	
CITY & STATE		15. CITY & STATE	
ZIP		16. ZIP	

14. I, the undersigned, certify that the information supplied was true, being voluntarily furnished, and I hereby qualify for the exemption stated in Section 199.03(2), 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 by either myself or a duly authorized 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 of this form, or on an attached sheet, as applicable.

SIGNATURE: *Ralph D. Baty, Sr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING INDIVIDUAL OR OFFICER
RALPH D. BATY, SR.

4/28/95 **407-865-7131**