

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 AUG -3 AM 9:16

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P94000008549 (5)

1. Corporation Name
B.A.L.L., INC. OF TAMPA BAY

Principal Place of Business
**11688 MARLA LANE
 SEMINOLE FL 34642**

Mailing Address
**11688 MARLA LANE
 SEMINOLE FL 34642**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/02/1994		3a. Date of Last Report	
4. FEI Number 59-3222953		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <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 21 611 49th St S.				2a. Mailing Address 26 611 49th St S.				4. FEI Number 59-3222953			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired <input type="checkbox"/>			
City & State 23 St. Petersburg FL				City & State 28 St. Petersburg FL				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			
Zip 24 33707				Country				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent
**GUNTER, THOMAS L
 11688 MARLA LANE
 SEMINOLE FL 34642**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPST	NAME GUNTER, THOMAS L	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11688 MARLA LANE	CITY - ST - ZIP SEMINOLE FL 34642	1.2 NAME Thomas L Gunter	
		1.3 STREET ADDRESS 611 49th St	
		1.4 CITY - ST - ZIP St. Petersburg FL 33707	
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 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: Thomas L Gunter **7/27/95** **813-321-8211**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (System Name #)

CR2E034 (3/95)