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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000008549 (5)

B.A.L.L., INC. OF TAMPA BAY

**FILED** May 05 1998 8:00am Secretary of State



Principal Pla	ce of Business	Mailing A	Address	·· - v-·.		·	-	/101 IDIDI DINI	E1040 1041 1401
1		611 49 ST. PET	AAA DIRECT MAIL 611 49 STREET S. ST. PETERSBURG FL 33707				DO NOT WRITE IN THIS SPACE		
US		US					3. Date Incorporated or Qualified		
B Principal	Place of Business	- Maile	on Address				02/02/1994		
	riada di business	<b>├</b> ~¬	ng Address				4. FEI Number		Applied For
Suite, Apt	# atc	26 Suito	Apt. #, etc.				59-3222953		Not Applicable
22		27					5. Certificate of Status Desired		5 Additional Required
City & Sta	10	28 City 8	& State				6. Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country Zip			Country			8. This corporation owes of has paid the c	urrent vear	Intangible
24	25	29		30			Personal Property Tax due June 30.	Yes	□Ño
	g, Name and Address of Curre	nt Registered	Agent				10. Name and Address of New Registere	Agent	
Gl	J <b>nte</b> r, Thomas L				81	Name	· -		"]
11666 MARLA-LANE					B2 :	Street Addre	ess (P.O. Box Number is Not Acceptable)		
SEMINOLE FL 33772				- 1	1	Ollock Madre	oss (i .o. box Number is Not Acceptable)		
				,	83				
1						A1.		<del></del>	
				[	84 (	City	F	<b>85</b>   Zi	p Code
11. Pursuant office or agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.150 of Florida Suc alions of Sect	8, Florida Statute ch change was a on 607.0505, Flo	es, the ab authorized orida Statu	ove-r by that	named corpo ne corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing pointment a	its registered as registered
SIGNATURE									1
	Signature, typod or printed harms of registered ag				Agentia	signature required	d when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS	DELETE	13.	_	·	ADDITIONS/CHANGES TO OFFICERS AN		
1	, •		L'I DELETE	1.1 TITL		1		Change	e 🔲 Addition 📑
NAME	GUNTER, THOMAS L			1 2 NA					ļ.
STREET ADDRESS	11666 MARLA LANE			13 STR	ieet ad	IDRESS			
CITY-ST-ZIP	SEMINOLE FL 33772		DELETE	_	Y-SI-2	ZIP			
TITLE	T DELETE		2.1 TITL	2.1 TITLE			Change	Addition (	
NAME	GUNTER, LINDA M			2.2 NAN	ME				
STREET ADDRESS	11666 MARLA LANE S.			2.3 STR	REET AD	DRESS			
CITY-ST-ZIP	SEMINOLE FL 33772			2. 4 CIT		ZIP			
TITLE	VP		☐ DELETE	3.1 TITL				☐ Change	Addition
NAME	GUNTER, BRIAN T			3.2 NAN	ME				
STREET ADDRESS	11666 MARLA LANE			3 3 STA	EET ADI	DRESS			
CITY-ST-ZIP	SEMINOLE FL 33772			3.4. CIT		ZIP			
TITLE	VP		DELETE	4.1 TITL	.E			Change	Addition
NAME	Andrew L. Gun	Ter		4. 2 NAF	ME				ļ
STREET ADDRESS	11000 marla	hane		4.3 STR	FE1 AD	ORESS			[
CITY-ST-ZIP	Semivole, PC3	3772		4.4 C(T)	Y- ST- Z	IP .			-
TITLE			DELETE	5.1 TITL	.E			☐ Change	Addition
NAME				5.2 NAM	ΛE	ĺ			ŀ
STREET ADDRESS				5.3 STRI	EET AD(	DRESS			
CITY-ST-ZIP				5.4 City	/- S1 - Z	TIP.			
TITLE			DELET <b>E</b>	61 TITL	E			Change	Addition
NAME				6.2 NAM	AE.				
STREET ADDRESS				6.3 STR	EET ADO	DRESS			1
CITY-ST-ZIP				6.4 CITY					

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.