## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000033649 (1)

Principal Place of Business	Mailing Address
918 E. OLEANDER STE. #1 LAKELAND FL 33801	102 ELM SOUARE 8. LAKELAND FL 33813

## **FILED** Sep 17 1997 8:00am Secretary of State

BASEBALL BASICS, INC.	1003304	19 (1)					1 4/1/1 <b>4/4/1</b> 14/4 (14/1)	
Principal Place of Business	Mailing Address				-		A 01111 0101# 1811 10 01	
18 E. OLEANDER 102 ELM SQUARE S. TE. ≠1 LAKELAND FL 33813 AKELAND FL 33801			DO NOT WRITE IN THIS SPACE					
				3. Date incorporated or Qualified	3a. Date of	of Last Report		
				04/21/1995	07/19/			
2. Principal Place of Business	2a. Mailing				4. FEI Number		Applied For	
1 418 E. Olander		AME			59-3319103	· <del></del>	Not Appl cable	
Sulte, Apt. #, etc.	Suite, 2	Apt. #, etc.			6. Certificate of Status Desired		8.75 Additional Fee Required	
City & State  23 Lakeland Fl	City & <b>28</b>	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip Country 25 Polk	Zip 29	├─ <b>┐</b>			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
CAMPBELL, MICHAEL L			81	Name				
128 ELM COURT LAKELAND FL 33813		82	82 Street Address (P.O. Box Number is Not Acceptable)					
D 8 (D 8 (D 1 D 000 ) 0			83					
			84			FLI	2ip Code	
<ol> <li>Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the ob</li> </ol>	0502 and 607,1508 ate of Ftorida. Such ligations of, Sectio	, Ftorida Statutes, the n change was authoriz n 607.0505, Fhyrida St	above ed by stutes	-named corr the oppor	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of cha at the appoint	anging its registered ment as registered	
SIGNATURE Signalure, typed or printed harne of registered	amphe//	lo (NOTE Registe	red Age	ni signature requi	red wft groinstaling)	1 197 DATE		

SI 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition CAMPBELL, MICHAEL L 1.2 NAME NAME 128 ELM COURT STREET ADDRESS 1.3 STREET ADDRESS LAKELAND FL 33813 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change \_\_\_ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 eath; 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 altachment with an address.

SERVERMENT / Contra Olilan