

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90148 050 ***150.00

DOCUMENT # P95000035296

1. Corporation Name

BACHMAN ENTERPRISES, INC.

Principal Place of Business

3461 BONITA BAY BLVD., #201
BONITA SPRINGS FL 34134
US

Mailing Address

3461 BONITA BAY BLVD., #201
BONITA SPRINGS FL 34134
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1995

4. FEI Number

65-0592354

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 owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 27800 Old 41 Road
Suite, Apt. #, etc.

2a. Mailing Address

26 27800 Old 41 Road
Suite, Apt. #, etc.

City & State

23 Bonita Springs FL

24 34135 25 USA

City & State

28 Bonita Springs FL

29 34135 30 USA

9. Name and Address of Current Registered Agent

BACHMAN, ROBERT A

~~3461 BONITA BAY BLVD., #201~~
~~BONITA SPRINGS FL 34134~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

27800 Old 41 Road

83

84 City

Bonita Springs

FL

85 Zip Code

34135

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 ☐ DELETE

NAME BACHMAN, ROBERT A

STREET ADDRESS 3461 BONITA BAY BLVD., #201

CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ☐ DELETE

NAME KATHLEEN MILLER

STREET ADDRESS 3461 BONITA BAY BLVD., SUITE 201

CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ☐ DELETE

NAME STEPHEN B. LENTZ

STREET ADDRESS 3461 BONITA BAY BLVD., SUITE 201

CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

27800 Old 41 Road

1.4 CITY-ST-ZIP

Bonita Springs, FL 34135

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

27800 Old 41 Road

2.4 CITY-ST-ZIP

Bonita Springs, FL 34135

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

27800 Old 41 Road

3.4 CITY-ST-ZIP

Bonita Springs, FL 34135

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-99

941-947-4552

CR2E034 (1/98)