

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000088505 (9)

1. Corporation Name

BATZI ENTERPRISES, INC.



Principal Place of Business

408 W UNIVERSITY AVE
SUITE 406
GAINESVILLE FL 32601

Mailing Address

408 W UNIVERSITY AVE
SUITE 406
GAINESVILLE FL 32601

2. Principal Place of Business

21 6717 NW 53 Ter

Suite, Apt. #, etc.

22 City & State

23 GAINESVILLE, FL

24 Zip

25 32653

Country

26 USA

2a. Mailing Address

26 4300 NW 53 AVE #132

Suite, Apt. #, etc.

27 City & State

28 GAINESVILLE, FL

29 Zip

30 32614-7050

Country

9. Name and Address of Current Registered Agent

HOPE, A. BICE
408 W UNIVERSITY AVE
SUITE 406
GAINESVILLE FL 32601

3. Date Incorporated or Qualified

11/14/1995

3a. Date of Last Report

4. FEI Number

59 - 3347540

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signature, typed or printed name, of registered agent and the agent's address

(2001) Registered Agent Signature and address registration

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HOPE, A. BICE
STREET ADDRESS 408 W UNIVERSITY AVE
CITY-ST-ZIP GAINESVILLE FL 32601

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.D.
1.2 NAME A.J. Dupre
1.3 STREET ADDRESS 6717 N.W. 53rd Ter.
1.4 CITY-ST-ZIP Gainesville FL 32653

☒ Change ☐ Addition

2.1 TITLE VP, S.T. D.
2.2 NAME Gabriela Dupre
2.3 STREET ADDRESS 6717 N.W. 53rd Ter.
2.4 CITY-ST-ZIP Gainesville FL 32653

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 19.07(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:

A.J. Dupre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 5, 1996 352-3721793

CR2E034 (12/95)