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 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT # | P96000018520 | (2) |
|------------|--------------|-----|
| DAT INC | | |

FILED Aug 26 1997 8:00am Secretary of State

| 1. Corporation Name BAT INC. Principal Place of Business Mailing Address 29178 US 19 N 29178 US 19 N | | | |
|---|------------------------------------|--|--|
| CLEARWATER FL 34821 CLEARWATER FL 34821 | DO NOT INDITE IN YOUR COACE | | |
| DO NOT WRITE IN THE 3. Date Incorporated or Qualified 3. | Date of Last Report | | |
| 02/28/1996 | · Date of Cast Heport | | |
| 2. Principal Place of Business 2a. Mailing Address 4. FEL Number | Applied For | | |
| 21 1393 PASADENA AVE, S26 3438 E. LAKE RD. 59-3375453 | Not Applicable | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| ty & State City & State 6. Election Campaign Financing \$5.00 | | | |
| 23 S. PASA DENIA, FU 28 PALM HARBOR Trust Fund Contribution | Added to Fees | | |
| Zip Country Zip Country 33707 25 PINEURS 28 3 4685 30 PINEURS 8. This corporation owes or has paid the Personal Property Tax due June 30. | current year Intangible Yes ANO MA | | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Register | | | |
| SONNETT, BARBARA B1 Name | | | |
| 29178 US 19 N CLEARWATER FL 34621 82 Street Address (P.O. Box Number is Not Acceptable) 73 93 PASADENA AVE, S. | | | |
| 84 Sity PACADELLA | -L 85 Zip Code 33707 | | |
| 1 1 V1 V V V I I | | | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpos 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 agent. Lem familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | appointment as registered | | |
| | | | |
| SIGNATURE Senance, year or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DAT | 1E | | |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS | | | |
| TITLE DELETE LITTILE PRESIDENT | Change L Addition | | |
| NAME 1.2 NAME BARBARA SOUNETT STREET ADDRESS 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.4 NAME 1.2 NAME 1.3 STREET ADDRESS 1.3 | r c | | |
| STREET ADDRESS 1393 HATS TOWN OF TOWN | , 3, , , , , , | | |
| CITY-ST-ZIP 1.4 CITY-ST-ZIP 3. PASABEWA, FL 33 | Change Addition | | |
| | Citalings Citalings | | |
| NAME 1 2.2 NAME | | | |
| STREET ADDRESS 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | Change Addition | | |
| NAME 32 NAME | | | |
| STREET ADDRESS 33 STREET ADDRESS | | | |
| CITY-ST-ZIP 3.4. CITY-ST-ZIP | | | |
| TITLE DELETE 4.1 YITLE | Change Addition | | |
| NAME 4.2 NAME | - | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP 4.4 CITY-ST-ZIP | | | |
| TITLE DELETE 51 TITLE | Change Addition | | |
| | | | |
| NAME 5.2 NAME | 4 | | |
| NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS | | | |
| STREET ADDRESS CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | | |
| STREET ADDRESS 5.3 STREET ADDRESS | ☐ Change ☐ Addition | | |
| STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 6.2 NAME 6.2 NAME | Change Addition | | |
| STREET ADDRESS 5.3 STREET ADDRESS CHTY-ST-ZIP 5.4 CHTY-ST-ZIP THLE DELETE 6.1 THLE | Change Addition | | |

Information indicated in the information supplies whith inling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, 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 13 if changed, or on an attachment with an address.