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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SIGNATURE:

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Zip

P96000053274 (2)

H. RICHARD BATES, P.A.

BATES, H. RICHARD 260 ARNOLD LANE

Principal Place of Business

260 ARNOLD LANE
WINTER SPRINGS FL 32708

Mailing Address

260 ARNOLD LANE
WINTER SPRINGS FL 32708

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Country

9. Name and Address of Current Registered Agent

2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Jan 28 1998 8:00am Secretary of State



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

(407) 696 - 0688

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8. This corporation owes or has paid the current year Intangible

06/15/1996 4. FEI Number

<u>59-3387599</u>

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

260 ARNOLD LANE			32 Street Address (P.O. Box Number is Not Acceptable)	
WINTER SPRINGS FL 32708		83	 	
		L	ļ	
		84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab			e-namer	
office or registered agent, or both, in the State of Fiorida. 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 refinitating) DATE				
12. OFFICERS AND DIRECTORS 13.				
TITLE		1,1 TITLE		Change Addition
NAME	BATES, H. RICHARD	2 NAME		_ , _
STREET ADDRESS	CONTRACTOR LAND	3 STREET	ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	4 CITY-S	T-ZIP	
TITLE		1 TITLE		☐ Change ☐ Addition
NAME	2.	2 NAME		
STREET ADDRESS	2.	3 STREET	ADDRESS	
CITY-ST-ZIP	2.	4 CITY-:	ST-ZIP	AX 527
TITLE	DELETE 3.	1 TITLE		Change Addition
NAME	3.	2 NAME		
STREET ADDRESS	3.	3 STREET	ADDRESS	
CITY-ST-ZIP		4. CITY - :	ST-ZIP	
TITLE	DELETE 4.	1 TITLE		Change Addition
NAME	4.	2 NAME		
STREET ADDRESS	4.	3 STREET	ADDRESS	
CITY-ST-ZIP		4 CITY - S	T-ZIP	
TITLE	DELETE 5.	1 TITLE		Change Addition
NAME	5.	2 NAME		
STREET ADDRESS	5.	3 STREET	ADDRESS	
CITY - ST - ZIP		4 CITY-S	T-ZIP	
TITLE	DELETE 6.	TITLE		Change Addition
NAME	6.	NAME		
STREET ADDRESS	6.	STREET	ADDRESS	
CITY-ST-ZIP		1 CITY-S		
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.				

Country

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