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FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000082690 (4)

1. Corporation Name
BATEMAN & SONS, INC.



Principal Place of Business
% LEWIS H. FOGLE, JR.
5825 SUNSET DRIVE, SUITE 202
SOUTH MIAMI FL 33143

Mailing Address
% LEWIS H. FOGLE, JR.
5825 SUNSET DRIVE, SUITE 202
SOUTH MIAMI FL 33143-5222

3. Date Incorporated or Qualified
10/07/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

65-0706410

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOGLE, LEWIS H JR.
5825 SUNSET DRIVE
SUITE 202
SOUTH MIAMI FL 33143

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FOGLE, LEWIS H JR.
STREET ADDRESS 5825 SUNSET DRIVE, #202
CITY-ST-ZIP SOUTH MIAMI FL 33143

☒ DELETE

1.1 TITLE PD
1.2 NAME Warren F. Bateman
1.3 STREET ADDRESS 5119 S. W. 71st Place
1.4 CITY-ST-ZIP Miami, Florida 33155

☐ Change ☐ Addition

TITLE SD
NAME OKRENT, SARA I
STREET ADDRESS 5825 SUNSET DRIVE, #202
CITY-ST-ZIP SOUTH MIAMI FL 33143

☒ DELETE

2.1 TITLE Vice President/D
2.2 NAME Warren E. Bateman
2.3 STREET ADDRESS 785 Statson Street
2.4 CITY-ST-ZIP Moss Beach, CA 94038

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE Secretary/Treasurer/D
3.2 NAME Duane O. Bateman
3.3 STREET ADDRESS 4647 Bucida Road
3.4 CITY-ST-ZIP Boyton Beach, FL 33255

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 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.

SIGNATURE

SIGNATURE

6/16/97

CR2E034 (9/96)