

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

FILED
Jun 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000007540**
1. Corporation Name

BRIAN BATEMAN, INC.

Principal Place of Business: **2042 ORANGESIDE ROAD**
Mailing Address: **PALM HARBOR FLORIDA 34683**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified: 1/24/97 4. FEI Number: 59-3429864 5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required 6. Elect on Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: ☐ Yes ☐ No
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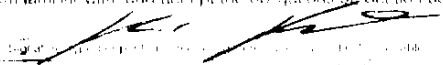
9. Name and Address of Current Registered Agent

JOEL D. BROIDA, ESQ.
605 7th AVE
ST. PETERSBURG BEACH FL 33706

10. Name and Address of New Registered Agent

81 Name: **Brian Bateman**
82 Street Address (P.O. Box Number is Not Acceptable): **2042 ORANGESIDE RD**
83 City: **Palm Harbor** 84 State: **FL** 85 Zip: **34683**

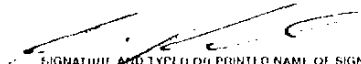
11. Pursuant to the provisions of Sections 607.0202 and 607.0203, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0205, Florida Statutes.

SIGNATURE: 

(If 10. Registered Agent location required, when term being) **6-8-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1. TITLE	☐ Change ☐ Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE	☐ DELETE	5. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
TITLE	☐ DELETE	9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE	☐ DELETE	13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE	☐ DELETE	17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. 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 included on this annual report or applicable Florida 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 designated officer or director, and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of Change of Information filed with an address.

SIGNATURE:  **President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-98
Date

Dayton, Ohio

CR2E034 (10/97)