

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90141 047 \*\*\*158.75

**DOCUMENT # P98000101421**

1. Corporation Name

**BATEMAN & MARTIN DEVELOPMENTS, INC.**



Principal Place of Business

**8465 MYSTIC GREEN WAY, STE. 2201  
NAPLES FL 34113**

Mailing Address

**8465 MYSTIC GREEN WAY, STE. 2201  
NAPLES FL 34113**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/04/1998**

2. Principal Place of Business

**21 4375 Dover Ct. #102**

2a. Mailing Address

**26 4375 Dover Ct. #102**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**  
City & State

**27**  
City & State

**23 Naples, FL 34105**

**28 Naples, FL**

Zip Country

Zip Country

**24 34105 25 Collier**

**29 34105 30 Collier**

4. FEI Number

**59-3547931**

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRICE, R. SCOTT  
2640 GOLDEN GATE PKWY., STE. 315  
NAPLES FL 34105**

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 f

SIGNATURE

printed name of registered agent

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **BATEMAN, A.L.**  
STREET ADDRESS **8465 MYSTIC GREEN WAY, STE. 2201**  
CITY-ST-ZIP **NAPLES FL 34113**

1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME **Bateman, AL**  
1.3 STREET ADDRESS **4375 Dover Ct. #102**  
1.4 CITY-ST-ZIP **Naples, FL 34105**

TITLE **D** ☐ DELETE  
NAME **MARTIN, DAN**  
STREET ADDRESS **5222 KENSINGTON HIGH ST.**  
CITY-ST-ZIP **NAPLES FL 34105**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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, with all other like empowered.

SIGNATURE:

*Arthur J. Bateman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-99

941-430-1012

Date

Daytime Phone #

CR2E034 (11/98)