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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **V65855**

1. Corporation Name

JAMES T. BATES CONSTRUCTION, INC.

Principal Place	of Business	Mailing Address				-		(BI) E1E11 (BB)
524 ISLE OF CAPRI DR.		524 ISLE OF CAPRI DR.						
FT LAUDERDALE FL 33301		FT LAUDERDALE FL 33301						
US		US			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed		ļ
						09/21/1992	1 4-	-6-4 F
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	plied For
21		26				65-0428534	\$8.75 /	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	Fee Re	
22		[27]					····	
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
23		28	Cov	untry				01663
Zip	Country	Zip		uriti y		This corporation owes the current year In Personal Property Tax.	Yes	□No
24	25	29	30	T		10. Name and Address of New Registered		
	9. Name and Address of Curre	ent Registered Agent		81	Name	IU. Halle alla Acadess of the Acadess		***********
LYNN	N, BRIAN CPA							
2 S. UNIVERSITY DRIVE				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
STE				83				
	ITATION FL 33324			63				
1041	WATION I E 30024			84	City	Ç!	85 Zip (	Code
				<u> </u>			f changing its	registered
11, Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	602 and 607.1508, Florida St e of Florida, Such change w	tatutes, tne a as authorize	above	e-nameo corpo the corporation	ration submits this statement for the purpose on's board of directors. I hereby accept the appo	ointment as re	gistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505,	, Florida Stat	tutes.				
SIGNATURE								
	Signature, typed or printed name of registered ag		-		t signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	NO DIDECTO	DS IN 12
12.		ND DIRECTORS	13. E 11.T	ITLE		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	D .				1			_
NAME I	BATES, JAMES THOMAS		1.2 N		l			
STREET ADDRESS	541 ISLE OF CAPRI DR.							
CITY-ST-ZIP				TREET	ADDRESS			
TITLE	FT LAUDERDALE FL		1.40	TREET			□ Change	√ Addition
	TI BOOCHDALL TE	DELETE	1.4 C E 2.1 T	STREET SITY-ST TTLE			☐ Change	☐ Addition
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		☐ DELETE	1.4 C E 2.1 T 2.2 N	STREET CITY-ST TITLE LAME STREET	-ZIP  ADORESS		☐ Change	Addition
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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 received 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:

CITY-ST-ZIP

954 561-7973