

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
FILED

DOCUMENT # **H78612** (9)

1. Corporate Name  
**BACH & ASSOCIATES, INC.**

COMM. # 746  
T. ALBANY, FLORIDA

Principal Place of Business: **315 SPRING VALLEY DR. ALTAMONTE SPGS. FL 32714**  
Mailing Address: **315 SPRING VALLEY DR. ALTAMONTE SPGS. FL 32714**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **10/01/1985** 3a. Date of Last Report: **07/20/1994**  
4. FEI Number: **59-2610674** Applied For:  Not Applicable:   
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business:  
21. State: **FL** 22. City & State: **ALTAMONTE FL** 23. Zip: **32714**  
2a. Mailing Address:  
26. State: **FL** 27. City & State: **ALTAMONTE FL** 28. Zip: **32714** 29. Country: **USA**

9. Name and Address of Current Registered Agent  
**BACH, SUSAN A.  
315 SPRING VALLEY DR.  
ALTAMONTE SPGS. FL 32714**

10. Name and Address of New Registered Agent  
81. Name: \_\_\_\_\_  
82. Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83. \_\_\_\_\_  
84. City: \_\_\_\_\_  
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0202 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 607.0205, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>BACH, SUSAN A.</b>
STREET ADDRESS	<b>315 SPRING VALLEY DR.</b>
CITY, ST, ZIP	<b>ALTAMONTE SPGS. FL</b>
TITLE	<b>VP</b>
NAME	<b>BACH, LARRY A.</b>
STREET ADDRESS	<b>315 SPRING VALLEY DR.</b>
CITY, ST, ZIP	<b>ALTAMONTE SPRINGS FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, 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 file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or is attached to this filing.

SIGNATURE: *Susan A. Bach*  
SIGNATURE AND TYPE IN PRINTED NAME OF DIRECTOR OR OFFICER OF DIRECTOR  
**SUSAN A. BACH**

4/30/95 404-823-2188