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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # H78612**

1. Corporation Name

BACH & ASSOCIATES, INC.

Mailing Address Principal Place of Business 315 SPRING VALLEY DR. 2122 EDGEWATER DR. ALTAMONTE SPGS. FL 32714 ORLANDO FL 32804 DO NOT WRITE IN THIS SPACE LIS 3. Date Incorporated or Qualifed 10/01/1985. Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-2610674 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing \Box Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation owes the current year Intangible Zip Country Zip □No Personal Property Tax. 24 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BACH, SUSAN A. Street Address (P.O. Box Number is Not Acceptable) 315 SPRING VALLEY DR. ALTAMONTE SPGS, FL 32714 83 85 Zip Code 84 City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change DELETE 1.1 TITLE TITLE BACH, SUSAN A. 1.2 NAME NAME 315 SPRING VALLEY DR. 1.3 STREET ADDRESS STREET ADORESS ALTAMONTE SPGS. FL 1.4 CDY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME BACH, LARRY A NAME بلني 315 SPRING VALLEY DR. 2.3 STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 31 TM F TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP 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 employed 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 her like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED Mar 08, 1999 8:00 am

Secretary of State

03-08-1999 90030 032 ***150.00

Addition

CR2E034 (11/98)