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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 467692

NEIL BARTLEY REALTY, INC.

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90093 012 ***150.00

Principal Place of Business Mailing Address 3113 SOUTH DALE MABRY HIGHWAY 3113 SOUTH DALE MABRY HIGHWAY TAMPA FL 33629 TAMPA FL 33629 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/17/1975 2a. Mailing Address 4.1 FEI Number 2. Principal Place of Business Applied For 59-1663156 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip 8.* This corporation owes the current year Intangible Personal Property Tax. □No 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GORDON, GERRY R. Street Address (P.O. Box Number is Not Acceptable) 1413 SOUTH HOWARD AVENUE **TAMPA FL 33606** 83 84 City Zip Code 85 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE Addition TITLE 1.1 TITLE BARTLEY, NEIL NAME 1.2 NAME 3113 S. DALE MABRY HWY. 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE GORDON, GERRY NAME 2.2 NAME 1304 DESOTA AVE. STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 3.1 TITLE ☐ Addition NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE 51 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE □ DELETE 61 TITLE . 🖸 Addition NAME

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 trusted 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 in on attachment with an address with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

ailly RED RINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-37-2495

CR2E034 (11/98)