PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000033509**1. Corporation Name

SCOTT F. BARNETT, CHARTERED

| Principal Place of Business | Mailing Address | |
|----------------------------------|-------------------------------|--|
| 238 EAST DAVIS BLVD. STE. 205 | 238 EAST DAVIE RD STE. 205 | |

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90138 030 ***150.00



| Principal Place | e of Business | Mailing Address | | | | |
|------------------------|--|---|---------------------------------------|---|-------------------|--------------|
| 238 EAST DAVIS | S BLVD. | 238 EAST DAVIE RD | | | | |
| STE. 205 | 205 STE. 205 | | DO NOT MIDITE IN TH | DO MOT INDITE IN THIS CRACE | | |
| TAMPA FL 3360 | 06 | TAMPA FL 33606 | | DO NOT WRITE IN THIS SPACE | | |
| US | | U\$ | | 3. Date Incorporated or Qualifed 04/17/1996 | | |
| O Dississi Di | at During | 2a. Mailing Address | | 4. FEI Number | Anr | olied For |
| つっつし | E. Davis Blvd. | 26 234 E . Da | wis Blud | 59-3372869 | | Applicable |
| 21 23 7 Suite, Apt. | | 26 634 E • Da | 413 DIVU | | \$8.75 A | |
| ─ ``. | m, 610. | 27 | | 5. Certifcate of Status Desired | Fee Rec | |
| City & State | B | City & State | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 Tan | noa, FL | 28 Tampa, | FL | Trust Fund Contribution | Added to | - 1 |
| Zip_ | Country | Zip | Country | 8. This corporation owes the current year | Intangible | |
| ²⁴ 336 | 06 25 USA | 29 33606 3 | usa | Personal Property Tax. | | □H0 |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Registere | d Agent | |
| | | | 81 Name < | SCOTT F. BARNE | #. £50 | gure |
| | NETT, SOCTT F ESQUIRE | | · · · · · · · · · · · · · · · · · · · | Idense (D.O. Box Number in Not Acceptable) | 4) = (| 9 |
| | east davis blvd. | | 23 | 4 E. DAVIS BL | .v.D · | |
| STE. | | \ | 83 | | | |
| TAM | PA FL 33606 | · | 84 City | | . 85 Zip C | ode |
| | | | | AMPA F | L 33/ | |
| 11. Pursuant | to the provisions of Sections 607.050 | and 607.1508, Florida Statutes | , the above-named co | orporation submits this statement for the purpose ation's board of directors. I hereby accept the app | of changing its | registered |
| office or re | egistered agent, oMboth, in the State I: m families will salth agent the online | if Florida. Such change was auti lans of. Section 607.0505. Florid | nonzed by the corpora la Statutes. | ation's board of directors, I nereby accept the app | Omunent as reg | Jistereu |
| į. | | | | 4/.30/98 | | 1 |
| SIGNATURE) | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: Re | egistered Agent signature requ | | | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS | | |
| TITLE | D | ☐ DELETÉ | | Scott F. Barnett 234 E. DAVIS BIVD. | Change | ☐ Addition |
| NAME | BARNETT, SCOTT F ESQUIRE | | 1.2 NAME | DAVIS BIVD. | | 1 |
| STREET ADDRESS | 140 DANUBE AVE APT 3 | | 1.3 STREET ADDRESS | TAMPA, FL. 33406 | | İ |
| CITY-ST-ZIP | TAMPA FL 33606 | | + | TAMPA, FL. 33406 | | Addition |
| TITLE | | ☐ DELETE | 2.1 T/TLE | | ☐ Change | ☐ Addition |
| NAME | | | 2.2 NAME | | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | | · . |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | | | <u> </u> |
| TITLE | | ☐ DELETE | 3.1 TITLE | | Change | Addition |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | <u>_</u> | 3.4. CITY-ST-ZIP | | £7.05 | A delice |
| TITLE | | ☐ DELETE | 4.1 TITLE | | Change | ☐ Addition |
| NAME | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 4 4 CITY-ST-ZIP | | | - Addis |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | ☐ Add-Direct |
| TITLE | | ☐ DELETE | 6.1 TITLE | | Change | ☐ Addition |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 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

ED NAME OF SIGNING OFFICER OR DIRECTOR

913.257.3330