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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 23 PM 1:

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 726417 (9)

1. Corporation Name

4 BRITTONS OF BARDMOOR, INC.

Principal Place of Business

Mailing Address

8316 BARDMOOR BLVD. APT B
APT D
LARGO FL 34647
US

8316 BARDMOOR BLVD. APT B
APT D
LARGO FL 34647
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1973

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2871213

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 8316 BARDMOOR BLVD

26 8316 BARDMOOR BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Apt D

27 Apt D

City & State

City & State

23 LARGO FL

28 LARGO FL

Zip

Country

Zip

Country

24 34647

25 USA

29 34647

30 USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES W WALKER
8316 BARDMOOR BOULEVARD
APT D
LARGO FL 34647

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

8316 BARDMOOR BLVD

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME JONES W WALKER
STREET ADDRESS 8316D BARDMOOR BLVD
CITY - ST - ZIP LARGO FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE VD
NAME WHITE MARGARET
STREET ADDRESS 8316B BARDMOOR BLVD
CITY - ST - ZIP LARGO FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE STD
NAME HOPMAN LUCY
STREET ADDRESS 8316C BARDMOOR BLVD
CITY - ST - ZIP LARGO FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

LUCY HOPMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER/D 813-393-5666
TREASURER/D