FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000095069 (7)

BAREBIZ MANAGEMENT COMPANY, INC. Mailing Address Principal Place of Business 305 NE 1ST STREET 305 NE 1ST STREET GAINESVILLE FL \$2601 GAINESVILLE FL 32601 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/12/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3348683 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country $Z_{\rm IP}$ Country This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due Jurie 30. Yes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EDINGER, GARY S 305 NE 1ST STREET 82 Street Address (P.O. Box Number is Not Acceptable) GAINESVILLE FL 32601 83 84 City 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 Forida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typied or printed name of registerest asjenitian of blie if applicable (NOTE: Registered Agent signature required when rainstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change Addition 1.3 TITLE NAME **S**ULLIVAN, JERRY 1.2 NAME CR2E034 17035 SE CR 234 STREET ADDRESS 1.3 STREET ADORESS MICANOPY FL 32667 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 21 1/11/2 **S**ULLIVAN, JERRY NAME 2.2 NAME 17035 SE CR 234 STREET ADDRESS 2.3 STREET ADDRESS MICANOPY FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 111LE 3.2 NAME STREET ADDRESS **3.3 STREET ADDRESS** CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change TITLE Addition 5.1 11TLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE Change Addition | 61 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 6.4 CHY-ST-ZIP

14. Thereby 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 supplience tall 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 respirate empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or the analysis and that my name appears in the same legal effect as if made under oath; then an address.

CIONATURE.

Eller Sullivan 4/30/83 (312/46.3

FILED

May 13 1998 8:00am

Secretary of State