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May 08, 1999 8:00 am
Secretary of State

05-08-1999 90024 041 ***158.75

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 348914

1. Corporation Name
BAREFOOT BAY CORPORATION

Principal Place of Business
255 ALHAMBRA CIRCLE
9TH FL
CORAL GABLES FL 33134-5102

Mailing Address
255 ALHAMBRA CIRCLE
9TH FL
CORAL GABLES FL 33134-5102



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1969

4. FEI Number

59-1281126

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 201 Alhambra Circle

Suite, Apt. #, etc.

22 12th Floor

City & State

23 Coral Gables, Florida

Zip

24 33134

Country

25

2a. Mailing Address

26 201 Alhambra Circle

Suite, Apt. #, etc.

27 12th Floor

City & State

28 Coral Gables, Florida

Zip

29 33134

Country

30

9. Name and Address of Current Registered Agent

KERRIGAN, JUANITA I.
255 ALHAMBRA CIRCLE
9TH FL.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

201 Alhambra Circle

83 12th Floor

84 City

Coral Gables

FL

85 Zip Code

33134

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **T** ☐ DELETE
NAME **RAMA, MICHAEL**
STREET ADDRESS **255 ALHAMBRA CIR.**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☒ DELETE
NAME **PREVATT, SONNIE**
STREET ADDRESS **255 ALHAMBRA CIR.**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **PD** ☐ DELETE
NAME **MCAIRY, CHARLES**
STREET ADDRESS **255 ALHAMBRA CIR.**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **S** ☐ DELETE
NAME **KERRIGAN, JUANITA I.**
STREET ADDRESS **255 ALHAMBRA CIR.**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **VD** ☐ DELETE
NAME **GETMAN, DENNIS J.**
STREET ADDRESS **255 ALHAMBRA CIR.**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **D** ☐ DELETE
NAME **SETTLES, G. PATRICK**
STREET ADDRESS **255 ALHAMBRA CIR.**
CITY-ST-ZIP **CORAL GABLES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **201 Alhambra Circle 12th Floor**
1.4 CITY-ST-ZIP **Coral Gables, Florida 33134**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Warren Raymond**
2.3 STREET ADDRESS **201 Alhambra Circle 12th Floor**
2.4 CITY-ST-ZIP **Coral Gables, Florida 33134**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **201 Alhambra Circle 12th Floor**
3.4 CITY-ST-ZIP **Coral Gables, Florida 33134**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **201 Alhambra Circle 12th Floor**
4.4 CITY-ST-ZIP **Coral Gables, Florida 33134**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **201 Alhambra Circle 12th Floor**
5.4 CITY-ST-ZIP **Coral Gables, Florida 33134**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS **201 Alhambra Circle 12th Floor**
6.4 CITY-ST-ZIP **Coral Gables, Florida 33134**

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: **By: Juanita I. Kerrigan** **JUANITA I KERRIGAN** 4/23/99 (305) 442-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)