## 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 # 471701

(3)

BARTON HOMES,INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

1405 29TH ST. NICEVILLE FL 32578 1405 29TH ST. NICEVILLE FL 32578

2a. Mailing Address

Applied For

**FILED** 

Jan 27 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/03/1975

4. FEI Number .

21		26					59-1583766		N	ot Applicable	
Suite, Apt.	#, etc	Suite,	Apt. #, etc.				F. Carrier at Court Built	×	\$8.75	Additional	
22		27					5. Certificate of Status Desired	A	Fee R	equired	
City & State	e	City &	State				6. Election Campaign Financing		\$5.00	May Be	
23		28					Trust Fund Contribution			to Fees	
Zip	Country	Zip		Count	ry		8. This corporation owes or has p	aid the curr			
24	25	29		30			Personal Property Tax due Jun			☐ No	
9. Name and Address of Current Registered Agent							10. Name and Address of New R		gent	· . · · · · · · · · · · · · · · · · · ·	
BARTON, DOUGLAS C						ıme					
1207 CHANTILLY CIRCLE					2 0	oot Addro	on (D.O. Bey Number in Not Accept	(-1-)		<del> </del>	
NICEVILLE, FL					82 Street Address (P.O. Box Number is Not Acceptable)						
NICEVILLE FL 32578					83						
				_	_						
				8	4 C	ty		FL	<b>85</b> Zip	Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508	Florida Statut	es the abo	ve-pai	ned corno	ration submits this statement for the	nurnosa of	changing i	te registered	
office of r	edistered agent, or both, in the Stat	e of Florida. Suci	a change was a	authorized t	by the	corporatio	n's board of directors. I hereby acce	pt the appo	intment as	registered	
agent. i a	m familiar with, and accept the oblig	gations of, Section	n 607.0505, Fid	orida Statute	es.						
SIGNATURE	Signature, typed or printed name of registered as	ant and title if applicat	da /MÓTI	E Booletarad A	aont ele	anhura saguisad	( when reinstating)	DATE	·		
12.		ND DIRECTORS	(NOII	13.	gent sig	nature required	ADDITIONS/CHANGES TO OFFI	-	DIRECTOR	2S IN 12	
TITLE	TS		DELETE	1.1 TITLE		1	11331110110,0111111020 10 0111	02107440	Change	Addition	
NAME	BARTON, ROSALIE P			1.2 NAME				•	onungo		
STREET ADDRESS	622 SAILBOAT DR										
	NICEVILLE, FL 00000			1.3 STREE		255					
CITY - ST - ZIP TITLE	PV		DELETE	1.4 CITY-						1 1 2 2 2 2 2	
	BARTON, DOUGLAS C		LL DECE IE	2.1 TITLE					Change		
NAME	1207 CHANTILLY CIR.			2.2 NAME							
STREET ADDRESS	NICEVILLE, FL 00000			2.3 STREE							
CITY-ST-ZIP	D NICEVILLE, PL 00000			2. 4 CITY-				<u>-</u>			
TITLE			DELETE	3.1 TITLE				Ţ	Change	Addition	
NAME	BARTON, JOEL D			3.2 NAME		İ	•			ļ	
STREET ADDRESS	622 SAILBOAT DRIVE			3.3 STREE	T ADDR	ess				ļ	
CITY - ST - ZIP	NICEVILLE, FL 00000			3.4. CITY	- ST- <i>Z</i> IP						
TITLE			☐ DELETE	4.1 TITLE				[	Change	Addition	
NAME				4. 2 NAME	E						
STREET ADDRESS				4.3 STREE	T ADDR	SS					
CITY - ST - ZIP				4.4 CITY-	ST-ZIP						
TITLE			DELETE	5.1 TITLE					Change	Addition	
NAME				5.2 NAME					-		
STREET ADDRESS				5.3 STREE	T ADDRI	SS					
CITY-ST-ZIP				5.4 CITY-						1	
TITLE			☐ DELETE	6.1 TITLE	<u></u>				Change	Addition	
NAME				6.2 NAME				-	- 2.00190		
STREET ADDRESS											
				6.3 STREE		666				-	
CITY-ST-ZIP	ertify that the information conclined a	ith this filing doc	e not qualify to	6.4 CITY-:	ST-ZIP	totod in Sc	ection 119.07(3)(i), Florida Statutes. I	finalization and	G . Man 4'	iz fakasatia :	
indicated o	on this annual report of supplement	al annual report	s true and accu	wate and th	at my	signature	shall have the same legal effect as i	made unde	iy iiiai iile er oath: the	itiam an	

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 of 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 charged, or on an attachment with an address.

SIGNATURE:

DOUGLASICE TE

1-16-98

850-678-1252