

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 491999 (9)

1. Corporation Name
BARTEL'S, INC.



Principal Place of Business

Mailing Address

120 SOUTH I STREET
PENSACOLA FL 32501

120 SOUTH I STREET
PENSACOLA FL 32501

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1100 LANGLEY AVE.

22 City & State

27 City & State
PENSACOLA, FL

23 Zip Country

28 Zip Country
32504 USA

3. Date Incorporated or Qualified
12/04/1975

3a. Date of Last Report
10/13/1995

4. FET Number
59-1634210

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 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

CONDON, PAUL DANIEL
120 SOUTH I STREET
PENSACOLA FL 32501

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1100 LANGLEY AVE.

83 ~~PENSACOLA, FL~~

84 City PENSACOLA

FL

85 Zip Code
32504

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

Paul Daniel Condon

Signature of individual named as registered agent and the applicable

(Note: Registered Agent signature required when reinstating)

7/6/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE POC
NAME CONDON, MARY LOUISE
STREET ADDRESS 120 SOUTH I STREET
CITY-ST-ZIP PENSACOLA FL

☐ DELETE

TITLE VT
NAME CONDON, RICHARD R
STREET ADDRESS 120 SOUTH I STREET
CITY-ST-ZIP PENSACOLA, FL 00000

☐ DELETE

TITLE S
NAME CONDON, SELMA A
STREET ADDRESS 120 SOUTH I STREET
CITY-ST-ZIP PENSACOLA, FL 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Mary S. Condon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-96

DATE

904-476-8053

TELEPHONE NUMBER

CR2E034 (3/96)