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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # 504923** 

BARTLETT BROS., INC.

Mailing Address Principal Place of Business 22 E. OSCEOLA ST. 22 E. OSCEOLA ST. STUART FL 34994 STUART FL 34994 3a. Date of Last Report 3. Date Incorporated or Qualified 06/10/1976 04/10/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 21 59-1674981 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 🔀 Yes 🗌 No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name UHL, FERDINAND FRANZ, JR. 1626 SE CROSSINGS CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) STUART FL 83 R4 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 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 picties name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. 13. DELETÉ 1.1 TITLE Change Addition THE NAME UHL. KARL FREDRICK 1.2 NAME CR2E034 2480 SE CENTERBOARD LN 1.3 STREET ADORESS STREET ADDRESS STUART FL 1.4 CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-SI-70P DELETE TITLE 3.1 TITLE ☐ Change Addition 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - 74P 34. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE THE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TiTLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CUTY-ST-ZF DELETE Change Addition THUE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CiTy - ST - ZiP 6.4 CITY - ST - ZIP

14. I do 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 chapted, or on an attachment with an address.

SIGNATURE?

GUREFOUNI, Jr.

561-287-1466

FILED

Apr 09 1997 8:00am

Secretary of State

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