

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

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Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90015 021 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 555593

1. Corporation Name
BARNES & PENDERGAST, INC.



Principal Place of Business 205 CENTRAL AVENUE ST. PETERSBURG FL 33701 US	Mailing Address 205 CENTRAL AVENUE ST. PETERSBURG FL 33701 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/15/1977

2. Principal Place of Business 21 232 2nd St North Suite, Apt. #, etc.	2a. Mailing Address 26 232 - 2nd St North Suite, Apt. #, etc.
22 St. Petersburg, Florida City & State	27 St. Petersburg, FL City & State
23 33701 Zip	28 33701 Zip
24 Country	29 Country
25	30

4. FEI Number 59-2062391	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BRYANT, GENE
232 SECOND ST. N.
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	BARNES, ROBERT B
STREET ADDRESS	1831 NEBRASKA AVE NE
CITY-ST-ZIP	ST PETERSBURG, FL 00000
TITLE	VP <input type="checkbox"/> DELETE
NAME	PENDERGAST, WILLIAM L
STREET ADDRESS	1600 NORTH SHORE DRIVE NE
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	BRYANT, EUGENE
STREET ADDRESS	1417 BEACH DRIVE NE
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ST
3.3 STREET ADDRESS	Bryant Eugene
3.4 CITY-ST-ZIP	1600 North Shore Dr NE
	St. Pete Fl 33714
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Eugene Bryant 6-3-99 222-823-3839
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)