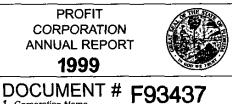
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

BAREFOOT INVESTMENTS, INC.



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## Katherine Harris

## FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90128 035 \*\*\*150.00



Mailing Address Principal Place of Business 1064 SCENIC HILLS RD 1064 SCENIC HILLS RD PIGEON FORGE TN 37863 PIGEON FORGE TN 37863 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/05/1982 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-2236095 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing  $\Box$ 12 Added to Fees 28 Trust Fund Contribution 23 Country Country Zip Zip 8. This corporation owes the current year Intangible □No 25 30 Personal Property Tax. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LAND, VANCE 82 Street Address (P.O. Box Number is Not Acceptable) 8680 SCENIC HWY. UNIT #14 83 PENSACOLA FL 32514-7922 Zip Code 84 City 85 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) CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. Change noitibhA □ DELETE TITLE 1.1 TITLE 1.2 NAME NAME HOLTREY, BEN STREET ADDRESS 8652 NAVAREE PARKWAY 1.3 STREET ADDRESS NAVAREE FL 32566 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 2.1 TITLE TITLE 2.2 NAME ELMORE, CAROL NAME STREET ADDRESS 1064 SCENIC HILLS RD 2.3 STREET ADDRESS **PIGEON FORGE TN 37863** 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition | 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 5.1 TITLE 7ITS F 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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.

BE REQUIRED

SIGNATURE: