

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # H54136 (7)**  
1. Corporation Name  
**BART, INC.**



Principal Place of Business Mailing Address  
**FIRST UNION NATIONAL BANK OF FL  
LEGAL DIV., 2255 WATER ST.  
JACKSONVILLE FL 32231-0010**  
**FIRST UNION NATIONAL BANK OF FL  
225 WATER ST., LEGAL DIV.  
JACKSONVILLE FL 32231-0010  
US**

3. Date Incorporated or Qualified **04/26/1985** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-2592191** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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**

Signature typed or printed (Name of registered agent, if applicable)

(NOTE: Registered Agent signature required when re-stating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE ☐ DELETE  
NAME **S MILLER, JERRY M JR**  
STREET ADDRESS **301 S COLLEGE ST**  
CITY-ST-ZIP **CHARLOTTE NC**  
TITLE ☒ DELETE  
NAME **D HODNETT, BYRON E**  
STREET ADDRESS **225 WATER ST.**  
CITY-ST-ZIP **JACKSONVILLE FL**  
TITLE ☐ DELETE  
NAME **D MITCHELL, JOHN A. III**  
STREET ADDRESS **225 WATER ST.**  
CITY-ST-ZIP **JACKSONVILLE FL**  
TITLE ☐ DELETE  
NAME **D WERTZ, LARRY J.**  
STREET ADDRESS **225 WATER ST.**  
CITY-ST-ZIP **JACKSONVILLE FL**  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **D THOMPSON, G. KENNEDY**  
1.3 STREET ADDRESS **225 WATER STREET**  
1.4 CITY-ST-ZIP **JACKSONVILLE, FL 32202**  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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\*\*\*208.75**

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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Larry J. Wertz**

**4/29/96**

**(904)361-3651**

CR2E034 (12/95)