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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

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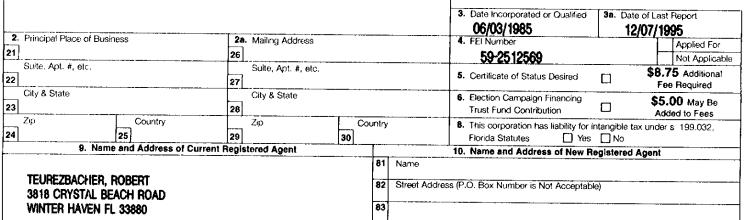
Corporation Name

BAREFOOT ETC., INC.

Principal Place of Business Mailing Address

2500 RECKER HWY. WINTER HAVEN FL 33880

3754 CRYSTAL BCH. RD. WINTER HAVEN FL 33880



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 accept the colligations of, Section 607.0505, Florida Statutes.

City

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicati	e. (NOTe:	Registered Agent signature requi	rold when reinclation).	DATE	
12.	OFFICERS AND DIRECTORS		- · · · · · · · · · · · · · · · · · · ·		FFICERS AND DIRECTORS IN 12	
TITLE	PVD	DELETE	1. 1 TOTLE		☐ Change	Addition
NAME	TEUREZBACHER, ROBERT		1.2 NAME			
STREET ADDRESS	3754 CRYSTAL BCH. RD.		1.3 STREET ADDRESS			
CITY ST-ZIP	WINTER HAVEN FL 33880		1.4 CiTY-ST-ZiP			
THILE		DELETE	2 1 TITLE		Change	Addition
NAME			2.2 NAME			
STHEET ADDRESS			2.3 STREET ADDRESS			
CITY ST-ZIP			2 4 CITY - ST - ZIP			
TITLE		DELETE	3. 1 TITLE		[] Change	☐ Addition
NAME			3.2 NAME		£	
STREET ADDRESS			3.3. STREET ADDRESS			
CITY-ST-ZIF			34 CITY-ST-ZIP			
TITLE		DELETE	4. 1 TITLE		Change	Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5 1 TITLE		Change	☐ Addition
NAME			5 2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6 1 TITLE		Change	Addition
NAME			6 2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST- ZIP			

4. 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 adult 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 opininged, or en an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytimo Phone #

Date

85

Zip Code

CR2E034 (12/95)