

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # H69682 (3)

1. Corporation Name

BAHR NONE, INC.



Principal Place of Business

Mailing Address

% ARTHUR L. BAHR
ROUTE 5, BOX 2007, CARRIAGE TERRACE
PALATKA FL 32177-9107

% ARTHUR L. BAHR
ROUTE 5, BOX 2007, CARRIAGE TERRACE
PALATKA FL 32177-9107

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

**BAHR, ARTHUR L.
ROUTE 5, BOX 2007
CARRIAGE TERRACE
PALATKA FL 32077**

3. Date Incorporated or Qualified

08/05/1985

3a. Date of Last Report

04/14/1995

4. FEI Number

59-2563278

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

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 607.0609 and 607.1504, 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 607.0605, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

NAME: **DP
BAHR, ARTHUR L.
RTE #5 BOX 2007
PALATKA FL**

2. TITLE

NAME: **DS
BAHR, JEANNE L.
RTE #5 BOX 2007
PALATKA FL**

3. TITLE

NAME:

4. TITLE

NAME:

5. TITLE

NAME:

6. TITLE

NAME:

7. TITLE

NAME:

8. TITLE

NAME:

9. TITLE

NAME:

10. TITLE

NAME:

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

15. TITLE

16. NAME

17. STREET ADDRESS

18. CITY, ST, ZIP

19. TITLE

20. NAME

21. STREET ADDRESS

22. CITY, ST, ZIP

23. TITLE

24. NAME

25. STREET ADDRESS

26. CITY, ST, ZIP

27. TITLE

28. NAME

29. STREET ADDRESS

30. CITY, ST, ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

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 this 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 addition brought with an address.

SIGNATURE: *Arthur L. Bahr* **ARTHUR L. BAHR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-17-96 (904)328-8841
DATE OF FILING FEE

CR2E034 (12/95)