

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H78458

1. Corporation Name
JOEL BARTON AGENCY, INC.

Principal Place of Business

1400-29TH STREET
NICEVILLE FL 32578

Mailing Address

1400-29TH STREET
NICEVILLE FL 32578

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1985

4. FEI Number

59-2610920

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WARREN, JILL M
424 EVANS ROAD
NICEVILLE FL 32578

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE ☐ Change ☐ Addition

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY-ST-ZIP

11.1 TITLE ☐ Change ☐ Addition

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY-ST-ZIP

11.1 TITLE ☐ Change ☐ Addition

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY-ST-ZIP

11.1 TITLE ☒ DELETE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY-ST-ZIP

11.1 TITLE ☐ DELETE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY-ST-ZIP

11.1 TITLE ☐ DELETE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY-ST-ZIP

11.1 TITLE ☐ DELETE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY-ST-ZIP

11.1 TITLE ☐ DELETE

11.2 NAME

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11.2 NAME

11.3 STREET ADDRESS

11.4 CITY-ST-ZIP

11.1 TITLE ☐ DELETE

11.2 NAME

11.3 STREET ADDRESS

11.4 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: *Jill M. Warren*

MANUAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jill M. Warren

6-10-99 850-678-1151

Date

Daytime Phone #

0325934 (11/98)

Jill M. Warren
 6-10-99