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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998 **DOCUMENT #** 

(6)

## **FILED** Mar 04 1998 8:00am Secretary of State

1. Corporati	SON, BARLOW & BOHNE, F	P.A.			I ANNU PROUTINI ANNU PROUTANTA
Principal Pla	ce of Business	Mailing Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		H DIBAR DIBAR BIBAR BIBAR BIBAR BIBAR IBBI
C/O T. MITCHELL BARLOW. JR. 129 5TH AVENUE		C/O T. MITCHELL BARLOW, JR. 123 5TH AVENUE		DO NOT WRITE	INI TI HO ODACE
INDIALANTI	C FL 32903	INDIALANTIC FL 32903			IN THIS SPACE
				3. Date Incorporated or Qualified	
9 Principal	Place of Business	2a, Mailing Address		11/15/1985 4. FEI Number	
21	Tidos of Eddinoss	26		59-2622358	Applied For Not Applicable
Suite, Api	t #. etc.	Suite, Apt. #, etc.	<del></del>	38-2022336	60 7E
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zιρ	Country	8. This corporation owes or has paid	d the current year Intangible
24	25	29	30	Personal Property Tax due June 3	30. Yes No
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Reg	istered Agent
8	ARLOW, T. MITCHELL, JR.		81 Name		
123 5TH AVENUE			82 Street Addr	ress (P.O. Box Number is Not Acceptable	9)
INDIALANTIC FL 32903					
			83		
			84 City		85 Zip Code
			Oily		FL 85 Zip Code
11. Pursuan	t to the provisions of Sections 607.050	2 and 607 1508, Florida Statute	s, the above-named corp	poration submits this statement for the pu	rpose of changing its registered
office or agent. I	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 607,0505, Flor	uthorized by the corporat rida Statules.	poration submits this statement for the pution's board of directors. I hereby accept	the appointment as registered
SIGNATURE				•	
SIGNATURE	Signature, typed or printed name of registered age	ent and little if applicable (NOTE	Registered Agent signature requir	red when reinstating)	DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE		Change Addition
NAME	GLEASON, WILLIAM H.		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	#NDIAN HARBOUR BH FL		1.4 CITY-ST-ZIP		
TITLE	DS	☐ DEL€TE	2.1 TITLE		Change Addition
NAME	BARLOW, T. MITCHELL, JR.		2.2 NAME		
STREET ADDRESS	123 5TH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		2. 4 CITY-ST-ZIP		
TITLE	1	☐ DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		i
CITY-ST-ZIP			3.4. 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-			5.4 CITY-ST-ZIP		
Titte		DELET <b>E</b>	6.1 TITLE		☐ Change ☐ Addition
NAME			6,2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
	certify that the information supplied wi	th this filing does not qualify for		Section 119.07(3)(i), Florida Statutes. I fu	irther 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

CIGNATURE: