

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

FILED

Apr 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H85759** (9)

1. Corporation Name  
**BAREFOOT CONSTRUCTION COMPANY, INC.**



Principal Place of Business <b>P.O. BOX 210 STUART FL 34995-0210</b>	Mailing Address <b>P.O. BOX 210 STUART FL 34995-0210</b>
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3. Date Incorporated or Qualified <b>11/15/1985</b>	3a. Date of Last Report <b>04/15/1996</b>
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2. Principal Place of Business 21 <b>2181 S.E. Bowie ST.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>2181 S.E. Bowie ST.</b> Suite, Apt. #, etc.	4. FEI Number <b>59-2616024</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State 23 <b>Port St. Lucie FL.</b>	27 City & State 28 <b>Port St. Lucie FL.</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24 <b>34952</b> 25 Country	29 <b>34952</b> 30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WELTEN, DENNIS H.  
2005 S.W. DRIFTWOOD LANE  
PORT ST. LUCIE FL 33452**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>2181 S.E. Bowie ST.</b>
83	
84 City	<b>Port St. Lucie FL</b>
85 Zip Code	<b>34952</b>

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTD</b>	1.1 TITLE	<b>S</b>
NAME	<b>WELTEN, DENNIS H (CHAIR)</b>	1.2 NAME	<b>HERBERT A. GERRETZ III</b>
STREET ADDRESS	<b>2005 S.W. DRIFTWOOD LANE</b>	1.3 STREET ADDRESS	<b>1843 SW NORMAN LN.</b>
CITY - ST - ZIP	<b>PORT ST. LUCIE FL</b>	1.4 CITY - ST - ZIP	<b>PORT ST LUCIE FL. 34984</b>
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	<b>2181 S.E. Bowie ST.</b>
CITY - ST - ZIP		2.4 CITY - ST - ZIP	<b>Port St. Lucie FL. 34952</b>
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: **Dennis Welten** **WELTEN** 4/19/97 561-398-0726  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)