Secretai	ry (	oi State
DO NOT WRIT Incorporated or Qualified	E IN THI	IS SPACE
/11/1985		
Number		Applied For
9-2634503		Not Applicable
ificate of Status Desired	×	\$8.75 Additional Fee Required
tion Campaign Financing t Fund Contribution		\$5.00 May Be Added to Fees
corporation owes or has ponal Property Tax due Jun		current year Intangible
ne and Address of New R	egistere	d Agent
34.94		
lox Number is Not Accepta	ble)	

**FILED** 

Jan 28 1998 8:00am

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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H89468

(3)

BARTON LUMBER AND SUPPLY, INC.

Principal Place of Business % DOUGLAS C. BARTON 1405 29TH ST. NICEVILLE FL 32578

Mailing Address

% DOUGLAS C. BARTON 1405 29TH ST. NICEVILLE FL 32578

						3. Date Incorporated or Qualified 12/11/1985					
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For					
21	26						59-2634503	<u> </u>	ot Applicable	-	
Suite, Apt.	#. etc.	20	Suite, Apt. #, etc.				. 1			ł	
22		27	Sales, y gri. II, sio.				5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State	e		City & State				6. Election Campaign Financing \$5.00 May Be				
23							Trust Fund Contribution Added to Fees				
Zip	Country		Zip	Cot	untry		8. This corporation owes or has paid the current year Intangible				
24	25	29		30			Personal Property Tax due June 30. Yes No				
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
BARTON, DOUGLAS C.					81 Name						
1207 CHANTILLY CIRCLE					82 Street Address (P.O. Box Number is Not Acceptable)					1	
NIC	EVILLE FL 32578			oz Street Addre			655 (1.0. Dox radiliber to rate Acceptable)				
			83						-	1	
					84	City	FL   <sup>8</sup>	35 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 ager	مالاة لمسم ف	if anniforming (AIOT)	S. Domintos	d 600	nt signature required	d when reinstation) DATE				
12.				13.	D AGG	in signature required	ADDITIONS/CHANGES TO OFFICERS AND DI	BECTOR	S IN 12	3	
TITLE	D	OFFICERS AND DIRECTORS  DELETE			TLE			Change	Addition	õ	
NAME	BARTON, JOEL D.			1.2 N			<b>—</b>	Addition	드		
STREET ADDRESS	622 SAILBOAT DR.				_	1000000				ğ	
	NICEVILLE FL		i i			ADDRESS				CR2E034 (10/97)	
CITY-ST-ZIP TITLE	PVD		1.4 C			I-ZIP		Change	Addition	8	
	BARTON, DOUGLAS C.						Ц	Gliange	LI Addition	~	
NAME	1207 CHANTILLY CIRCLE			2,2 NAME							
STREET ADDRESS	NICEVILLE FL				2.3 STREET ADDRESS						
CITY-ST-ZIP	S		T Street	2, 4 CI				-		1	
TITLE					3.1 TITLE Chang				L Addition		
NAME	BARTON, ROSALIE P.			3.2 N	3.2 NAME				ļ		
STREET ADDRESS	622 SAILBOAT DR.			3.3 S	3.3 STREET ADDRESS						
CITY - ST - ZIP	NICEVILLE FL			3.4. C	3.4. CITY-ST-ZIP					ĺ	
TITLE	☐ DELETE			4.1 Ti	4.1 TITLE Chang				Addition	ĺ	
NAME				4. 2 N	AME						
STREET ADDRESS				4.3 S	REET /	ADDRESS				1	
CITY-ST-ZIP				4.4 CI	TY-ST	- ZIP			1	i	
TITLE			☐ DELETE	5.1 TI	_			Change	Addition	i	
NAME				5.2 N	AME					l	
STREET ADDRESS					_	ADDRESS				i	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·				TY-ST	1					
CITY-ST-ZIP  YITLE  DELETE				6.1 T		- E.IF	····	Change	Addition	i	
NAME				6.2 N		ŀ	<u>.</u>			i	
· I						000000			- 1	i	
STREET ADDRESS	_					ADDRESS			}		
CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling does not qualify for t					TY-ST		action 119 07(3)(i) Florida Statutes I further continu	that the	information	į	
indicated o	on this annual regard or supplemental	ลกทบล	I report is true and acc	urate and	i tha	t my signature	shall have the same legal effect as if made under	oath: the	t laman	l	

in report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an er or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the property of the same address.