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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT# J04335

1. Corporation Name

BARNETT HOLDING, INC.

	T FIOLONIA, INC.							
Principal Place of Business Mailing Address							DER MINNE ØSØEL ØLØIS	BLOUI DISIN HODE
13447 BYRD DR 13447 BYR			BYRD DRIVE					
P.O.BOX 934 P.O.BOX 934								
ODESSA FL 33	3556		ODESSA FL 33556			DO NOT WRITE IN THIS SPACE		
US		US				3. Date Incorporated or Qualifed		
2.5		1 - 14 % 411		······		03/17/1986		
⊢ ≒ '	lace of Business	2a. Mailing Address	Mailing Address			4. FEI Number	<u> </u>	plied For
21	#	26	Suite And High			59-2652693		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	¬ ', ', ', ', ', ', ', ', ', ', ', ', ',			5. Certificate of Status Desired	\$8.75 / Fee Re	
22 City & Stat		City 9 State	City & State					
City & Stat	e	<u> </u>	¬ -			6. Election Campaign Financing	\$5.00	· ·
Zip	Country	28	Zip Country			Trust Fund Contribution	Added t	to Fees
├ ── '			шиу		8. This corporation owes the current year	Intangible	□No	
24	25 29 30 9. Name and Address of Current Registered Agent					Personal Property Tax. 10. Name and Address of New Register		
					Name	10. Hame and Address of New Register	eu Agent	
RAD	ICS JR, MICHAEL J.			81				
13447 BYRD DR			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		,	
ODESSA FL 33556				83				
				63				
				84	City		85 Zip (Code
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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND DIRECTORS 1			Agent	aithisine iedanen	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	IPS IN 12
TITLE	STD			TLE		ADDITIONS/OFFICE TO OFFICE TO	Change	Addition
NAME	RADICS, MICHAEL J. JR.		1.2 N				0	
STREET ADDRESS	AAAAT DVDD DD			DDRESS				
CITY-ST-ZIP	ODEOOA EL		TY-ST-					
TITLE	D	□ DELETE	2.1 TI		ZIF		Change	Addition
NAME	BARNETT, BERNARD T.							
STREET ADORESS	ETTI OOLUL DOLD			NODRESS				
CITY-ST-ZIP	MIDLANDS.ENGLAND		1					
TITLE	-PD	☐ DELETE	2.4 C	17Y-ST-	-217		Change	Addition
NAME	HOULLIS, MICHAEL N.		3.2 NA				· · •	_
STREET ADDRESS	13447 BYRD DR.				DORESS .			
CITY-ST-ZIP	ODESSA FL			TY-ST-	ŀ			
TITLE	D	☐ DELETE	3,4, CI		ZIF		☐ Change	Addition
NAME	OLANOW, E. WARREN	_ 022212	4. 2 N				_ +90	
STREET ADDRESS					DDRESS			Ì
	TANDA CL							
CITY-ST-ZIP	INNEATE	□ DELETE	4.4 CI DELETE 5.1 Π		ZIP	<u>+</u>	☐ Change	Addition
NAME			5.2 NA				ontange	
1					DDRESS			ĺ
STREET ADDRESS								
CITY-ST-ZIP			5.4 CI	TY-ST-	ᄺ			

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 of the receiver or trasted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change 1, for an additional property of the corporation of

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

RATCHARLET.

☐ DELETE

Change

Addition