FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J22986** **(0)**

1. Corporation Name

JOE BARTOSIK, INC.

Principal Place of Business	Mailing Address
3905 INVESTMENT LN STE 22 RIVIERA BEACH FL 33404 US	3905 INVESTMENT LANE UNIT 22 RIVIERA BEACH FL 33404 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/07/1986**
3a. Date of Last Report: **04/21/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **59-2706919** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BARTOSIK, JOSEPH ANTHONY **14270 87TH COURT NORTH** **LOXAHATCHEE FL 33470**	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: _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVP	11 TITLE	☐ Change ☐ Addition
NAME	BARTOSIK, JOSEPH ANTHONY	12 NAME	
STREET ADDRESS	14270 87TH COURT NORTH	13 STREET ADDRESS	
CITY ST ZIP	LOXAHATCHEE FL	14 CITY ST ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	BARTOSIK, JOSEPH ANTHONY	22 NAME	
STREET ADDRESS	14270 87TH CT., NORTH	23 STREET ADDRESS	
CITY ST ZIP	LOXAHATCHEE FL	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	BARTOSIK, LYNDA CAROL	32 NAME	
STREET ADDRESS	14270 87TH COURT NORTH	33 STREET ADDRESS	
CITY ST ZIP	LOXAHATCHEE FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Lynda C. Bartosik Lynda C. Bartosik 4-27-95 401-842-7343
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0244536 CP