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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J92340

(5)

1. Corporation Name

BARON L. BARTLETT, P.A.

Principal Place of Business

615 HWY A1A STE. 101
PONTE VEDRA BEACH FL 32082

Mailing Address

615 HWY A1A STE. 101
PONTE VEDRA BEACH FL 32082-2748

3. Date Incorporated or Qualified

09/09/1987

3a. Date of Last Report

01/24/1996

4. FEI Number

59-2844936

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 50 Hwy. A1A, North

2a. Mailing Address

26 50 Hwy. A1A, North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 103

27 103

City & State

City & State

23 Ponte Vedra Beach, FL

28 Ponte Vedra Beach, FL

Zip

Country

24 32082

25 USA

Zip

Country

29 32082

30 USA

9. Name and Address of Current Registered Agent

BARTLETT, BARON L.
615 HWY A1A STE. 101
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

81 Name

Bartlett, Baron L.

82 Street Address (P.O. Box Number is Not Acceptable)

50 Hwy. A1A, North,

83

Suite 103

84 City

Ponte Vedra Beach

FL

85

Zip Code
32082

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD ☐ DELETE
NAME BARTLETT, BARON L.
STREET ADDRESS 615 HWY A1A STE. 101
CITY-ST-ZIP PONTE VEDRA BCH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD (address) ☒ Change ☐ Addition
1.2 NAME Bartlett, Baron L.
1.3 STREET ADDRESS 50 Hwy. A1A, North, Ste. 103
1.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/97

(904) 285-5299

Date

Daytime Phone #

CR2E034 (9/96)