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

**PROFIT CORPORATION** ANNUAL REPORT

1999

BLACK & BARNWELL, INC.

DOCUMENT # K44026



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90003 006 \*\*\*150.00

Principal Place	e of Business	Mailing Address					
776 BENNETT (	DR	776 BENNETT DR		}			
STE 105	STE 105		DO NOT WRITE IN THIS SPACE				
LONGWOOD FL 32750		LONGWOOD FL 32750		3. Date Incorporated or Qualifed			
				10/12/1988			plied For
	lace of Business	2a. Mailing Address	41.60	4. FEI Number			
21 /3,28	LONGHELL DR	26 1328 LONGHE	<u>u se</u>	59-2917538			t Applicable
Suite, Apt.	etc. Suite, Apt. #, etc. 27		5. Certifcate of Status Desired				
City & Stat			6. Election Campaign Financing		\$5.00	May.Be	
23 A/OP	· 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		Trust Fund Contribution				
	Country	Zip	Country	8. This corporation owes the curr	ent vear Intan	gible	
Zip □ 2.27.		_ <del> </del>	¬	Personal Property Tax.		Yes	□No
24 32718				10. Name and Address of New I	Registered Ad	zent	
	9. Name and Address of Curren	nt Registered Agent	81 Name	to. Name and Address of New I			
DAD	ANAMELL AMONACLT		o i italiie				
	NWELL, MICHAEL T		82 Street Ad	dress (P.O. Box Number is Not Accept	able)		
	B LONGHILL DR						
APO	PKA FL 32712		83				
			84 City			85 Zip (	Code
			G4 City		FL		
SIGNATURE	Signature, typed or printed name of registered age		egistered Agent signature requ	aired when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	DRS IN 12
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO CI		Change	Addition
TITLE	PS	C Defete				_	_
NAME	BARNWELL, MICHAEL T		1.2 NAME				
STREET ADDRESS	1		1,3 STREET ADDRESS				
CITY-ST-ZIP	APOPKA FL 32712		1.4 CITY- ST-ZIP			Change	Addition
TITLE		☐ DELETE	2.1 TITLE			Onlange	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP				T Addition
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS	5		3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP_				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS	s		4.3 STREET ADDRESS				
CITY-ST-ZIP							
TITLE	<del></del>		4.4 CITY-ST-ZIP			C 01-5	Addition
NAME	1	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE			☐ Change	
		DELETE				Change	
		☐ DÉLETE	5.1 TITLE			Change	
STREET ADDRESS	5	☐ DÉLETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS			Change	
STREET ADDRESS CITY- ST- ZIP	5		5.1 TITLE 5.2 NAME			Change	
STREET ADDRESS CITY-ST-ZIP TITLE	S	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE				Addition
STREET ADDRESS CITY- ST- ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP				

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 ori 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNING OFFICER OR DIRECTOR