	FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00											FILED			
PROFIT CORPORATION ANNUAL REPORT						FLORIDA DEPARTMENT OF STATE Sandra B. Mortham						Apr 30 1998 8:00ar			
1998						Secretary of State DIVISION OF CORPORATIONS				IS		Secretary of State	,		
DOCUMENT # L19307 (2)															
BILLIE A. BARGER, INC.															
Principal Place of Business Mailing Address												-			
C/O BILLIE A. BARGER C/O BILLIE A. BARGER															
5797 38TH AVENUE NORTH ST. PETERSBURG FL 33710-1925						5797 38TH AVENUE NORTH					i	DO NOT WRITE IN THIS SPACE			
STATE OF THE STATE						ST. PETERSBURG FL 33710-1925						3. Date Incorporated or Qualified			
												09/29/1989			
21	Principal Place of Business					2a. Mailing Address						4. FEI Number Applied For			
S	Suite, Apt. #, etc.					Surie, Apt. #, etc.						59-2969017 Not Applica 5 Cartificate of Status Parised \$8.75 Additional			
22						27						5. Certificate of Status Desired Fee Required			
City & State					\vdash	City & State						6. Election Campaign Financing \$5.00 May Be			
23	Zip Country					Zip Country						Trust Fund Contribution Added to Fees			
24	25				29	29 30				Journal		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
		g, Name		idress of Current		tered Agent	1001					10. Name and Address of New Registered Agent			
BARGER, BILLIE A. 81 Name											1 1 2 2 1 1 2 2 1 1 2 2 1 1 2 2 1 1 2 2 1 2 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
5797 38TH AVENUE NORTH									82 Street Addres			ess (P.O. Box Number is Not Acceptable)			
ST. PETERSBURG FL 33709															
									3						
									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 Statute 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.															
SIGN	IATURE	<u> </u>											_		
Signature, typed or printed name of registered agent and little if applicable 12. OFFICERS AND DIRECTORS							TE: Registered Agent signature require 13.			ignature	required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		D	· - ·- ·	,		DELETE	-	1.1 TITLE		-		Change Addit	ion		
NAME		BARGER, BILLIE A.							1.2 NAME						
STREET	STREET ADDRESS 5797 38TH AVENUE NORTH					1.3 STREE			ET ADI	DRESS					
CITY-S	ST-ZIP									1.4 CITY - SY - ZIP					
TITLE	İ	D RAPGED DEGGY B				· · · · · · · · · · · · · · · · · · ·			2.1 TITLE			Change Addit	ion		
NAME BARGER, PEGGY B. STREET ADDRESS 5797 38TH AVENUE NORTH								2.2 NAME 2.3 STREET ADDRESS							
CITY-ST-ZIP ST. PETERSBURG FL						2.4 CITY-ST-ZIP									
TITLE				<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		☐ DELETE		31 TITLE		"		Change Addin	ion		
NAME	l							3.2 NAME							

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 of 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 comprision or the preciver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted, or on an autochiment with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CITY - ST - ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZW

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

DELETE

DELETE

DELETÉ

Change

Change

Addition

Addition

☐ Change ☐ Addition