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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division of Corporations

DOCUMENT # L34662

(1)

## FILED Feb 24 1998 8:00am Secretary of State

BAREFO	OOT PEDDLER, INC.					I DEGLES HALL BANK OF THE BANK			
Principal Place of Business Mailing Address									
% JACQUELYN ARMSTRONG STE 5 BAREFOOT BAY FL 32976 US		935 BAREFOOT BLVD SUITE 5 OBAREFOOT BAY FL 32976				DO NOT WRITE IN THIS SE	PACE		
		US	US			3. Date Incorporated or Qualified			
						01/01/1990			
2. Principal Place of Business		2a. Mailing Ad	2a. Mailing Address			4. FEI Number	Applied For		
21		26	26			59-2982090	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & Sta	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	7 <sub>(p)</sub>	30	Country		• 8. This corporation owes or has paid the curre Personal Property Tax due June 30.	ent year Intangible Yes		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
ARI	MSTRONG, JACQUELYN			81	Name				
935 Ste	BAREFOOT BLVD			82	Street Address (P.O. Box Number is Not Acceptable)				
BAREFOOT BAY FL 32976				83					
				84		FL	85 Zip Code		
office or re	o the provisions of Sections 607.0 ogisterod agent, or both, in the Standamiliar with, and accept the obj	ite of Florida. Such ch	nange was auth	iorized by	the corp	corporation submits this statement for the purpose of o oration's board of directors. I hereby accept the appo	changing its registered intment as registered		
SIGNATURE	Signature typed or profusi name of registered	anont and tien it amplicable	(NOTE Ro	pistered Age	nt signature	required when reinstating) DATE			
			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
7.7. #			1 5 TITLE			Change Addition			

	Signature, typed or profed name of registered agent and for if applicable	(NOTE Ro	gistered Agent signature	required when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIREC	
TITLE	P	☐ DELETE	1 1 TITLE	☐ Char	ge 🔲 Addition
NAME	ARMSTRONG, JAQUELYN		1.2 NAME		
STREET ADDRESS	935 BAREFOOT BLVD SUITE 5		1.3 STREET ADDRESS		[
CITY-ST-ZIP	BAREFOOT BAY FL		1.4 CITY-ST-ZIP		
TITLE		DELETE	21 TITLE	Char	ge 🔲 Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	Chai	ge 🔲 Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		İ
CITY-ST-ZIP			3.4. CITY - ST- ZIP		
TITLE		DELETE	4.1 TITLE	Cha	ge 🔲 Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	☐ Char	ge 🔲 Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-S1-ZIP		İ
TITLE		☐ DELETE	6.1 TITLE	☐ Cha	ige 🔲 Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
				1	

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 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:

Olla

Jacourtin Armstrong

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:RZE034 (10/97)