

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L79909 (2)

1. Corporation Name

BARGE LIMITED CORPORATION



Principal Place of Business

2502 ROCKY POINT RD.
SUITE 890
TAMPA FL 33607

Mailing Address

2502 ROCKY POINT RD.
SUITE 890
TAMPA FL 33607

2. Principal Place of Business

21 3802 Dr. MLK Blvd

2a. Mailing Address

26 P.O. Box 25077

3. Date Incorporated or Qualified
06/12/1990

3a. Date of Last Report
10/27/1995

4. FEI Number

59-3015723

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Tampa, FL.

28 Tampa, FL.

Zip

Country

Zip

Country

24 33614

25 USA

29 33623-5077

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCARTHY, SHEILA M.
2502 ROCKY POINT RD., STE. 890
TAMPA FL 33607

81 Name Lyons, Richard D.

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

83 3802 Dr. MLK Blvd

84 City Tampa

FL

85 Zip Code 33614

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]

(NOTE: Registered Agent signature required when reappointing)

4/23/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	STEINBRENNER, GEORGE M.	<input type="checkbox"/> DELETE
NAME		2502 ROCKY POINT RD.	
STREET ADDRESS		TAMPA FL	
CITY-ST-ZIP			
TITLE	D	SWINDAL, STEVE	<input type="checkbox"/> DELETE
NAME		2502 ROCKY POINT RD.	
STREET ADDRESS		TAMPA FL	
CITY-ST-ZIP			
TITLE	D	ZANG, ALLEN	<input type="checkbox"/> DELETE
NAME		SHELBY & FIRST AVE.	
STREET ADDRESS		NASHVILLE TN	
CITY-ST-ZIP			
TITLE	S	MCCARTHY, SHEILA M	<input type="checkbox"/> DELETE
NAME		2502 ROCKY POINT ROAD, 890	
STREET ADDRESS		TAMPA FL	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	3802 Dr. MLK Blvd
1.3 STREET ADDRESS	Tampa, FL. 33614
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	3802 Dr. MLK Blvd
2.3 STREET ADDRESS	Tampa, FL. 33614
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

Stephen Swindal 4/23/96 (813) 281-9001

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)