

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 # **L80506** (3)

1. Corporation Name

BAR G ENTERPRISES, INC.



Principal Place of Business

Mailing Address

% WILLIAM S. JONASSEN
10785 ULMERTON RD.
LARGO FL
US

% WILLIAM S. JONASSEN
10785 ULMERTON RD.
LARGO FL
US

3. Date Incorporated or Qualified

06/14/1990

3a. Date of Last Report

02/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3012761

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

34648

25

29

34648

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONASSEN, WILLIAM S.
10785 ULMERTON RD.

LARGO FL

81 Name

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

83

84 City

FL 85 Zip Code
34648

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DP BASH, EDWARD J.**
STREET ADDRESS **255 HEDDEN CT.**
CITY-ST-ZIP **OZONA FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **107 Wesley Ave.**
1.4 CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE ☐ DELETE
NAME **D BUTLER, MICHAEL G.**
STREET ADDRESS **255 HEDDEN CT.**
CITY-ST-ZIP **OZONA FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **107 Wesley Ave.**
2.4 CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE ☐ DELETE
NAME **D BUTLER, LAURIE A.**
STREET ADDRESS **255 HEDDEN CT.**
CITY-ST-ZIP **OZONA FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **107 Wesley Ave**
3.4 CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

600001789626
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*****200.00**

24.22

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

3/12/96^X(813) 942-9626

Daytime Phone #

CR2E034 (12/95)