

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 10:16

DOCUMENT # M02080

(3)

1. Corporation Name

JOHN BARRETT PROMOTIONS, INC.

Principal Place of Business

8638 MAIDSTONE CT.
LARGO FL 34647

Mailing Address

8638 MAIDSTONE CT.
LARGO FL 34647

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/25/1984

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2453826

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 190.012,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RESIDENT AGENT CORPORATION OF PINELLAS CO.
980 TYRONE BOULEVARD
ST. PETERSBURG FL 33710

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of Registered Agent (must be signed by the Agent)

Signature of Agent (signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

12.1

NAME

12.2

STREET ADDRESS

12.3

CITY-ST-ZIP

12.4

NAME

12.5

STREET ADDRESS

12.6

CITY-ST-ZIP

12.7

NAME

12.8

STREET ADDRESS

12.9

CITY-ST-ZIP

12.10

NAME

12.11

STREET ADDRESS

12.12

CITY-ST-ZIP

12.13

NAME

12.14

STREET ADDRESS

12.15

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

TITLE

13.2

NAME

13.3

STREET ADDRESS

13.4

CITY-ST-ZIP

13.5

TITLE

13.6

NAME

13.7

STREET ADDRESS

13.8

CITY-ST-ZIP

13.9

TITLE

13.10

NAME

13.11

STREET ADDRESS

13.12

CITY-ST-ZIP

13.13

TITLE

13.14

NAME

13.15

STREET ADDRESS

13.16

CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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 prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or 13 or 14 of this filing or on an attachment with an address.

SIGNATURE:

Robert J. Balogh

DVP Robert J. Balogh

3-10-75

813-393-6437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)