

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 AM 10:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # M69612 (3)

1. Corporation Name

ML. BARRETT CONSTRUCTION CO., INC.

Principal Place of Business

**1379 DYER PT RD
PALM CITY FL 34990
US**

Mailing Address

**1379 DYER PT RD
PALM CITY FL 34990
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/25/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2877278

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. 189.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 5481 S.E. Nassau Terrace

2a. Mailing Address

26 5481 SE Nassau Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Stuart FL

City & State

28 Stuart FL

Zip

24 34997

Country

25 USA

Zip

29 34997

Country

30 USA

9. Name and Address of Current Registered Agent

**BARRETT, MICHAEL L.
1379 DYER PT RD
PALM CITY FL 34990**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

5481 SE Nassau Terrace

B3

B4 City

Stuart

FL

B5

Zip Code
34997

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

Michael L. Barrett

Signature, typed or printed name of registered agent and title if applicable

[Signature]

(If a different agent signature required when re-registering)

4-24-95

DATE

12.

OFFICERS AND DIRECTORS

TITLE

DP

NAME

BARRETT, MICHAEL L.

STREET ADDRESS

1379 DYER PT RD

CITY - ST - ZIP

PALM CITY FL

TITLE

ST

NAME

BARRETT, MICHAEL L.

STREET ADDRESS

1379 DYER PT RD

CITY - ST - ZIP

PALM CITY FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

5481 SE Nassau Terrace

1.4 CITY - ST - ZIP

Stuart FL 34997

2.1 TITLE

2.2 NAME

Monique Barrett

☒ Change ☐ Addition

2.3 STREET ADDRESS

5481 SE Nassau Terrace

2.4 CITY - ST - ZIP

Stuart FL 34997

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ 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.

SIGNATURE:

Michael L. Barrett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

4-24-95

DATE

407-288-1611

TELEPHONE NUMBER