

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000008502

1. Corporation Name

BARNHART & ASSOCIATES, INC.

Principal Place of Business

851 W SR 436
SUITE 1061
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

851 W SR 436
SUITE 1061
ALTAMONTE SPRINGS FL 32714
US

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90224 017 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1993

4. FEI Number

59-3149452

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1161 E. Altamonte Dr.
Suite, Apt. #, etc.

22 Suite 1021

City & State

23 Altamonte Springs, Fl.

Zip Country

24 32701 25 USA

2a. Mailing Address

26 1161 E. Altamonte Dr.
Suite, Apt. #, etc.

27 Suite 1021

City & State

28 Altamonte Springs, Fl.

Zip Country

29 32701 30 USA

9. Name and Address of Current Registered Agent

BARNHART, WILLARD G
851 W SR 436
STE 1601
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name

Barnhart Willard G.

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

1161 E. Altamonte Dr.

83

Suite 1021

84 City

Altamonte Springs

85 Zip Code

FL 32701

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

TITLE CEOP ☐ DELETE
NAME BARNHART, WILLARD G
STREET ADDRESS 851 W SR 436 S-1061
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEOP ☐ Change ☐ Addition
1.2 NAME Barnhart Willard G
1.3 STREET ADDRESS 1161 E. Altamonte Dr. S-1021
1.4 CITY-ST-ZIP Altamonte Springs, FL 32701

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: Willard G. Barnhart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99 407 3396111

Date

Daytime Phone #

CR2E034 (1/98)