

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

APPROVED  
AND  
FILED

CORPORATION  
ANNUAL REPORT  
1995



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

95 MAY -1 PM 5:34

DOCUMENT # P92000010898 (4)

1. Corporation Number

W.J. BARTUS, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

PO BOX 12098  
FT PIERCE FL 34979-2098  
US

Mailing Address

PO BOX 12098  
FT PIERCE FL 34979-2098  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/09/1992

3a. Date of Last Report  
05/01/1994

4. FEI Number  
65-0385303

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARTUS, WILLIAM J  
866 REEF RD  
VERO BEACH FL 32963

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 607.01(2)(b) 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 Sections 607.01(2)(b), Florida Statutes.

SIGNATURE

(Signature of Registered Agent, if not William J. Bartus, must be signed by him)

(Signature of Registered Agent, if not William J. Bartus, must be signed by him)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                   |
|----------------|-------------------|
| TITLE          | D                 |
| NAME           | BARTUS, WILLIAM J |
| STREET ADDRESS | 866 REEF RD       |
| CITY, ST, ZIP  | VERO BEACH FL     |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY, ST, ZIP  |                   |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY, ST, ZIP  |                   |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY, ST, ZIP  |                   |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY, ST, ZIP  |                   |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY, ST, ZIP   |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY, ST, ZIP   |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY, ST, ZIP  |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY, ST, ZIP  |                                                                   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. 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)(a), 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 recorder 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 as an attachment with an address.

SIGNATURE:

(Signature and Typed or Printed Name of Signing Officer or Director)

WILLIAM J. BARTUS

5/1/95

407-466-0179