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

CORPORATION ANNUAL REPORT



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

1996

P9300006445 (9) **DOCUMENT #** 

BARTH AND SON, INC.

Principal Plac	ce of Eusiness	Mailing Address			OBINI BONN BONG BRISH BIDIN BIBBI BIRI IRBI
16093 TAMP	A PALMS BEVD. 13647	-16003 TAMPA PALMS BLY	<b>√9</b> .		
2. Principal P	Place_ct_Business			Date Incorporated or Qualified     01/15/1993	3a. Date of Last Report 07/24/1995
	12 ANGLOWOOD Dr	28 Mailing Address 26 28242 TANG	Liculano An	4. FEI Number 59-3162658	Applied For
Suite, Apt.		Suite, Apt. #, etc.	SECTION 131	. 33 3 102030	Not Applicable
22 City & Stat	le .	27 City & State		5. Certificate of Status Desired	S8.75 Additional Fee Required
23 W25[	eyChapel Il.	28 Wesley Chay	pel 7L.	6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
24 3354	(3 25 USA.	<sup>Zip</sup> 29 33543 -	Country USA	8. This corporation has liability for it	intangible tax under s. 199.032,
	9. Name and Address of Current	Registered Agent	PASCO		□No
g, Name and Address of Current Registered Agent  10. Name and Address of Name Registered Agent					
DIRECT TO SECULAR TO SECURE TO SECULAR TO SECULAR TO SECULAR TO SECULAR TO SECULAR TO SECURE TO SECULAR TO SECURAR TO SECULAR TO SECULAR TO SECULAR TO SECULAR TO SECULAR TO SECURAR TO SECULAR TO SECURE TO SECULAR TO SECU					
18033 TAMPA PALMS BLVD.				ess (P.O. Box Number is Not Acceptable)	
TAMPA FL 33647 83				SAS IMMOLEMONA	<b>V</b> (.
			84 City		
11110010				stey Chapal	
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 familiar with, and accept the obligations of, Section 607.0505. Florida Statutes					
familiar wi	ith, and accept the obligations of, Section	1 607.0505, Florida Statutes.	by the corporation's p	peard of directors. Friereby accept the appo	ointment as registered agent. I am
SIGNATURE )	Signature, typed or printed name of registered agent an	d tile if on the time			4/15/96
12.				ured when reinstating)	UATE
TITLE	P ( 5)	DELETE	13. 1. 1 TITLE	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12  Change Addition
NAME	BARTH, EDGAR A		1.2 NAME		Change Addition
STREET ADDRESS	28242 TANGLEWOOD DRIVE		1.3 STREET ADDRESS		
CITY ST-ZIP	WESLEY CHAPLE FL 335	<b>543</b>	1.4 CITY-ST-ZIP		
TITLE	VP V	☐ DELFTE	2. 1 TITLE	V.P.	Change Addition
NAME	BARTH, JAMES		2.2 NAME <b>(</b>	BARTH JAMES 6.	
STREET ADDRESS	16033 TAMPA PALMS BLVD		2.3 STREET ADDRESS	BARTH, JAMES E. 2024 STEPPINGSTON	UE BLUD.
CITY+ST-ZIP	FAMPA FL		24 CHY-ST-ZIP	TAMPA FL	33635
NAME		☐ DELETE	3. 1 TITLE		Change Addition
STREET ADDRESS		j	3.2 NAME		
CITY-ST-ZIP			3.3. STREET ADDRESS		
TITLE		TT DELETE	34 CITY-ST-ZIP 4 1 TITLE		
NAME		L. Deceie	4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST- ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		☐ Guange ☐ Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			E A CITY PT TID		Í

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 cath; that I am ar 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 phartings or or an attachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6 1 TITLE

62 NAME

**SIGNATURE** 

TITLE

NAME

STREET ADDRESS

CHTY-ST-ZIP

BIGNING OFFICER OR DIRECTOR

DELETE

83-973-427) 4/15/96

☐ Change

☐ Addition

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