

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000038708 (2)

1. Corporation Name

BARRETT CONTRACTING, INC.



Principal Place of Business

316 W. CENTRAL AVE.
STE 606
WINTER HAVEN FL 33880
US

Mailing Address

316 W. CENTRAL AVE.
SE. 606
WINTER HAVEN FL 33880
US

2. Principal Place of Business

21 606 Burns Lane

Suite, Apt. #, etc.

22

City & State

23 Winter Haven, Florida

Zip

24 33884

Country

25 US

2a. Mailing Address

26 606 Burns Lane

Suite, Apt. #, etc.

27

City & State

28 Winter Haven, Florida

Zip

29 33884

Country

30 US

3. Date Incorporated or Qualified

05/24/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3184444

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

9. Name and Address of Current Registered Agent

BARRETT, CHARLES L
316 W CENTRAL AVE
SUITE 606
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name

Barrett, Charles L.

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

606 Burns Lane

83

84 City

Winter Haven,

FL

85 Zip Code

33884

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

Charles L. Barrett

05/01/96

Signature, typed or printed name of registered agent and date of appointment

(Both Registered Agent's signature required when appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME BARRETT, CHARLES L
STREET ADDRESS 1202 MARGINA AVE.
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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 ☐ Change ☒ Addition

S
NAME Bray, Peggy L.

12 NAME
13 STREET ADDRESS 2901 Kayworth
14 CITY-ST-ZIP Lake Wales, FL 33853

2.1 TITLE ☐ Change ☒ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

Peggy L. Bray

Peggy L. Bray

05/01/96

941-318-9311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)