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

PROFIT CORPORATION ANNUAL REPORT

1997

information indicated on this at am an officer or director of appears in Block 12 or Bloc

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000038708 (2)

BARRETT CONTRACTING, INC. Principal Place of Business Mailing Address 606 BURNS LANE 806 BURNS LAMÉ **STE 606** WINTER HAVEN FL 33884 WINTER HAVEN FL 33884-1149 US-3a. Date of Last Report 3. Date Incorporated or Qualified 05/24/1993 05/01/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 2090 S. NOVA Rd. 59-3184444 26 Not Applicable Suite, Apt. #, etc Suite Apt # etc \$8.75 Additional \square 5. Certificate of Status Desired B220 Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing S. DAYTONA Trust Fund Contribution 28 Added to Fees Country Zip 8. This corporation has liability for intangible tax under s. 199.032, VOLUGIA Yes No 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BARRETT, CHARLES L BARRETT, CHARLES L 606 BURNS LANE Street Address (P.O. Box Number is Not Acceptable) SUIATE 606 83 WINTER HAVEN FL 33884 City DOY town BCH 84 ons 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered entire attentions of Section 607.0505, Florida Statutes. 11. Pursuant to the pro office or registere agent. I am famili MILETT, YDES HUNCLES SIGNATURE geot and title it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) Change Addition DELETE 1.1 TITLE TITLE BARRETT, CHARLES L 1.2 NAME NAME 1202 MARGINA AVE. STREET ADDRESS 1.3 STREET ADDRESS SOME" DAYTONA BEACH FL 32114 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TIFLE BRAY, PEGGY L NAME 2.2 NAME 2901 KAYWORTH 2.3 STREET ADDRESS STREET ADDRESS LAKE WALES FL 2.4 CITY-ST-ZIP CHTY- ST-ZIF DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP City - ST- ZIP Addition DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - S1 - ZIP 4.4 CITY-ST-ZIP ☐ DELETE Addition ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP n supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the sport of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the info

FILED

Feb 12 1997 8:00am

Secretary of State

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