

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

55 JAN 20 PM 4:05

DOCUMENT # P94000010170 (6)

1. Corporation Name

NICKE BAREFOOT, THE BAREFOOT REALTOR, INC.

Principal Place of Business

3321 MALLARD CLOSE
POMPANO BEACH FL 33064

Mailing Address

3321 MALLARD CLOSE
POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

2a. Mailing Address

26

5147 NW 51 AVE

Suite, Apt. #, etc.

27. COCONUT CREEK, FL

28. City & State

29

Zip

Country

30

33073

30. BROWARD

4. FEE Number

65-0463865

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

BAREFOOT, NICKE G
3321 MALLARD CLOSE
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81

Name

NICKE G. BAREFOOT

82

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

5147 NW 51 AVE

83

COCONUT CREEK FL

84

City

FL

85

Zip Code

33073

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 the corporation

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DPT
BAREFOOT, NICKE G
3321 MALLARD CLOSE
POMPANO BEACH FL 33064

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DPT
BAREFOOT, NICKE G.
5147 NW 51 AVE
COCONUT CREEK, FL 33073

2. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

7. TITLE

NAME

STREET ADDRESS

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 Sections 111.01(2)(b), 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. 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR, OFFICER OR DIRECTOR

Date

Signature