

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90046 044 ***150.00

DOCUMENT # P94000012739

1. Corporation Name

BARNES BROTHER'S DOLPHIN HOUSE, INC.



Principal Place of Business

~~9000 BAY~~
APOLLO BEACH FL 33572
6418 US 41 N Suite 264

Mailing Address

~~9000 BAY~~
APOLLO BEACH FL 33572
6418 US 41 N Suite 264

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1994

4. FEI Number

NOT APPLICABLE

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 6418 US 41 N Suite 264

2a. Mailing Address

26 6418 US 41 N Suite 264

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Apollo Beach FL

City & State

28 Apollo Beach FL

Zip

24 33572 25 U.S.

Zip

29 33572 30 U.S.

9. Name and Address of Current Registered Agent

BARNES, SR ALBERT R
6418 US 41 NORTH, STE 264
APOLLO BEACH FL 33572

10. Name and Address of New Registered Agent

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 607.0502 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ST
BARNES, MARY K
STREET ADDRESS 6418 US 41 NORTH, STE 264
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE ☐ DELETE

NAME P
BARNES, SR ALBERT R
STREET ADDRESS 6418 US 41 NORTH, STE 264
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE ☐ DELETE

NAME D
BARNES, ALBERT R SR.
STREET ADDRESS 5 LAKEVIEW DR, RT. 6
CITY-ST-ZIP MORGANTOWN WV 26505

TITLE ☐ DELETE

NAME D
BARNES, MARY K
STREET ADDRESS 5 LAKEVIEW DR, RT. 6
CITY-ST-ZIP MORGANTOWN WV 26505

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: ALBERT BARNES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99 304594-0867
Date Daytime Phone #

0392340

CR25034 (11/98)