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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000041058 (6)

1. Corporation Name

BAREFOOT MANIACS, INC.

Principal Place of Business

2514 SANDRIDGE LANE
ST. CLOUD FL 34771
US

Mailing Address

2514 SANDRIDGE LANE
ST. CLOUD FL 34771
US



3. Date Incorporated or Qualified
07/04/1994

3a. Date of Last Report
05/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MINAHAN, TIMOTHY J
2514 SANDRIDGE LANE
ST CLOUD FL 34771

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

Timothy J. Minahan

Timothy J. Minahan

4-30-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVT ☐ DELETE

NAME MINAHAN, TIMOTHY J.
STREET ADDRESS 2514 SANDRIDGE LANE
CITY-ST-ZIP ST. CLOUD FL

TITLE PS ☐ DELETE

NAME MINAHAN, LISA
STREET ADDRESS 2514 SANDRIDGE LANE
CITY-ST-ZIP ST. CLOUD FL

TITLE D ☐ DELETE

NAME CARPENTER, JOHN
STREET ADDRESS 9972 KILGORE ROAD
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME CALLAHAN, STEVE
STREET ADDRESS 830 LONGBAY COURT
CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 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

Timothy J. Minahan

Timothy J. Minahan, Director

4-30-96

Date

Daytime Phone #

CR2E034 (12/95)