PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000044913

D.H. BARCLAY, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

2a. Mailing Address

2012 LAKE BENTLEY COURT LAKELAND FL 33803

2012 LAKE BENTLEY COURT LAKELAND FL 33803

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90123 037 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

06/13/1994 4. FEI Number

21		26			59-3247847		Not Applicab	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	11 -	.75 Additional	
22		27			5. Certificate of Status Desired	F	ee Required	
City & State	e	City & State			6. Election Campaign Financing		5.00 May Be	
23		28			Trust Fund Contribution	A	dded to Fees	
Zip	Country	Zip	Country		8. This corporation owes the curre	· <u>-</u>		
24	25	29 3	0		Personal Property Tax.	Ye		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Agent	<u> </u>	
545	OLAY DOMALD II		81	Name	· ·			
BARCLAY, DONALD H 2012 LAKE BENTLEY COURT				82 Street Address (P.O. Box Number is Not Acceptable)				
			84	City		85	Zip Code	
			-	-	· <u>· </u>	FL	·	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above	-named corp	oration submits this statement for the	purpose of chang	ing its registered	
office or re	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was aut	norizea by	the corporation	on's board of directors. I hereby accept	t me appointment	as registered	
-	in land, sid, sid assept are sauger				••			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: R	legistered Agen	t signature required	d when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF			
TITLE	D	☐ DELETE	1.1 TITLE			. UC	hange	
NAME	BARCLAY, DONALD H		1.2 NAME					
STREET ADDRESS	2012 LAKE BENTLEY COURT		1.3 STREET	ADDRESS				
CITY-ST-ZIP	LAKELAND FL 33803		1.4 CITY-S	T-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	2.1 TITLE			□c	hange 🔲 Addi	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET	ADDRESS	,			
CITY-ST-ZIP			2.4 CITY-S	IT-ZIP	· <u></u>			
TITLE		☐ DELETE	3.1 TITLE				hange 🔲 Addi	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS	•			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				hange	
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREE	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE			c	hange 🔲 Add	
NAME			5.2 NAME		•			
STREET ADDRESS			5.3 STREE	TADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE				hange 📋 Add	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADDRESS	,			
			6.4 CITY-S	T- ZIP				
CITY-ST-ZIP		h this filing does not qualify for t		I .	Section 119.07(3)(i), Florida Statutes. I	further certify tha	at the informatio	

In hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes, I further certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a officer or director of the corporation or the receiver or trustee employered 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 an attachment with an address, with all other like employered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

2/16/99

657-8718 Daytime Phone # (ZEU34 (11/98)