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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000045713 (2) DOCUMENT # 1. Corporation Name

BARGE 2762, INC.

Mailing Address

3902 HENDERSON BLVD

Principal Place of Business

C/O J. BOB HUMPHRIES

APPROVED AND FILED

1996 APR 30 PM 2: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA



TAMPA FL 33629				501 E KENNEDY BLYD SUITE 1700 TAMPA FL 33602									
									3. Date Incorporated or Qu 06/17/1994	3a. Date of Last Report 04/28/1995			
2. Principal Place of Business				2a. Mai'ing Address				4. FEI Number		······································	ĺΤ	Applied For	
21				26					59-3250151			1	Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desi	red	_ \$		Additional
City & State				City & State							LJ	Fee	Required
23			28						Election Campaign Finan Trust Fund Contribution				May Be
Zip		Country		Zip	(Country	/		8. This corporation has liabi	lity for int		***************************************	
24	25	<u> </u>	29		30				Florida Statutes	Yes	□ No		· l
	9. Name ar	d Address of Curren	t Regis	tered Agent					10. Name and Address of	New Reg	gistered Age	nt	
						81	Nar	ne					
HUMPHRIES, J. BOB 501 E KENNEDY BLVD								et Addres	ss (P.O. Box Number is Not Ac	ceptable))		
										,			
SUITE 1700						83	3						
TAMPA F	-L 33602					84	City			······································	8:	5 Zip	Code
11. Pursuant to	a the provisions	of Sections 607.0502	and 60	7.1508. Florida Statutes	the a	above-	named	Leoroorat	tion submits this statement for	the nume	Pea of changin	o ito r	agistared office
Or registers		th, in the State of Florid he obligations of, Sect-	ia. Suci	i Chande was autho rize d	d by ti	ie corp	oratio	n's board	of directors. I hereby accept the	ie appoir	ntment as regi	stered	agent. Fam
	Signature, typed or p	rinted name of registered agent	and the If a	applicano. (NO TE	: Regist	ored Age	rit 6:gnat	ure required v	when reinstating)		DATE		
12.		OFFICERS AND	DIREC	****	1	3.			ADDITIONS/CHANGES T	O OFFIC	ERS AND DIR	EC7O	RS IN 12
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City-St-ZIP						3 STREET		SS	米米:	**200).00 **	***	200.80 [
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CITY-\$1-ZIP								»					
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CITY-S1-ZIP		1			_	4 CITY- S		~					312W
	certify that the	informative supplied w	vith this	filiper is voluntarily furniel				a Jalifu for	the exemption stated in Costin	0 110 07	(2)(Id) Florida (74.4.4.	1 6 - 41

receitly that the information information supplied with this tiping is solutionally furnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this engage report of 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 affector of the exproaction of 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 affector of the expression of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

J. Bob Humphries, Asst. Sec. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 222-1173

Daytime Phone #