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

P94000048847 (5)

DOCUMENT #
1. Corporation Name BERT'S FENCE, INC.

Mailing Address	
2315 12TH AVE W	
BRADENTON FL 34205	
	2315 12TH AVE W

HANN AIRN RAIN AGU	11 (1) 11 (1) 111(1)	a (a) (a) (4) a (a)(4) (a) (4)

	2315 12TH AVE W 2315 12TH AVE W 8RADENTON FL 34205 8RADENTON FL 34205												
								-	3. Date Incorporate 06/30/199			of Last R	
2. Principal Pla	ce of Busines	SS	2a.	Mailing Address					4. FEI Number				Applied For
21			26						65-0503	862			Not Applicable
Suite, Apt. #	, etc.			Suite, Apt. #, etc.					5. Certificate of Sta	tus Desired	П	T	Additional
22			27										Required
City & State				City & State					6. Election Campaig	,			May Be
23		Country	28	7		ntry			Trust Fund Cont				d to Fees
Zip	-	5 Cooning	29	Zip	30	e iti y			This corporation Florida Statutes		intailigible ta ∏No	x under s	199.032,
24		ind Address of		tered Agent	301				10. Name and Add			Agent	
	<u> </u>					81	Name				•		
CARTE	R, JAMES () JIR							(D.O. Ber N. mbar)	Not Associate	lo)		
1	HIRD AVE \					82	Street A	Address	(P.O. Box Number i	s Not Acceptat	He;		
SUITE		•				83							
	NTON FL 3	4205											
S. CADE.	MONTES	1200				84	City				FL	85 Zi	ip Code
11. Pursuant to	the provisio	ns of Sections 6	07.0502 and 60	7.1508, Florida Statut	es, the abo	ve-r	l named co	progratio	on submits this stater	nent for the pur	· ·	anging its	registered office
or registere	ed agent, or b	oth, in the State	of Florida, Such	i change was authoriz 0505, Florida Statutes	zed by the o	corp	oration's	board o	of directors. I hereby	accept the app	ointment as	registered	d agent. I am
	n, and accep	t trie boligations	or, section for .	0000, I lorda Statutes	٥.								
SIGNATURE _	Signature, typed or	printed han e of regist	ered agent and little that	apple are (N)	OTE Registerer	ı Ager	if signature n	eguréal who	ien renstatingt		DATE		
12.			RS AND DIREC		13.	_			ADDITIONS/CHA	NGES 10 OFF	ICERS AND	DIRECTO	DRS IN 12
TrILE	D			DELETE	1.11	ITLE					[Change	Addition
NAME	HALLE	R, EDWARD D			1.2 N	AME							
STREET ADDRESS		2TH AVE W			1.3 S	TREET	ADDRESS						
CITY-ST-ZIP	BRADE	NTON FL 342	05		1 4 C	IIY-S	51 - ZIP						
TITLE				DELETE.	2 1 7	TLE					[Change	☐ Addition
NAME					22 N	AME							
STREET ADDRESS					238	TREET	ADDRESS						
CITY-ST-ZIP					240	HY-9	SI - ZiP						
TITLE	DELETÉ 3 1					IILE					(Change	☐ Addition
NAME					3 2 N	ΑΜέ							
STREET ADDRESS					335	STREE	T ADDRESS						
CITY-ST-ZIP							SI-ZIP						
TITLE				☐ DELETE	4 1 3							Change	Addition
NAME					4 2 N								ļ
STREET ADDRESS					4 3 S	TREET	ADDRESS						
CITY-ST-ZIP		 					ST - Z/P						
TITLE				☐ DELETE	5 1 1		į				l	Change	☐ Addition
NAME					52 N			1					ļ
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP							ST-71P						
TITLE				☐ DELETE	6 1 1						ı	Change	Addition
NAME					62 N								
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP					640	ITY - S	ST- 2 IP	L					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quarify 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 eath; 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

march 14, 1996