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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000048847 (5)

BERT'S	FENCE, INC.				
Principal Place	e of Business	Maiting Address		j jagjing jin jilili jinil jagit serif quit	nanii Aidah idibi Laiti Albii 1881 1881
2315 12TH AVE W 2315 12TH AVE W BRADENTON FL 34205 BRADENTON FL 34205-534)			
				3. Date Incorporated or Qualified 06/30/1994	3a. Date of Last Report 03/19/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apl	# pic	Suite, Apt. #, etc		65-0503862	Not Applicable
22		h		5. Certificate of Status Desired	\$8.75 Additional Fee Required
		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability to i	
24	25		30	Florida Statutes	Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re	Pistered Agent
	ter, James D Jr.		81 Name		
1111 THIRD AVE W			62 Street Addr	ress (P.O. Box Number is Not Acceptab	le)
	E 150				
BRAI	DENTON FL 34205		83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	i02 and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the p	urnose of changing its registered
agent I a	m fam liar with, and accept the obli	gations of, Section 607.0505, Fig	orida Statutes.	tion's board of directors. I hereby accept	it are appointment as registered
SIGNATURE.	Signature, typed or printed name of registered a	AVV	- D		
12.		ND DIRECTORS	Registered Agent signature requirement 13.	ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	7,0011010/0101102010 01110	Change Addition
NAME	HALLER, EDWARD D		1.2 NAME		
STREET ADORESS	2315 12TH AVE W		1.3 STREET ADDRESS		i
CITY - ST - ZIP	BRADENTON FL 34205		1.4 CHTY-ST-ZIP		+
TITLE		DELETE	21 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TELE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY+ ST - ZIP			3.4. CITY+ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			. 4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		j
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
THLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - S* - ZIP	TO THE CONTROL OF THE POST OF	TT 55.55.	5.4 City-St-ZiP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I do 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-- (997)
Daytime Phone #

FILED

Jan 29 1997 8:00am

Secretary of State