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

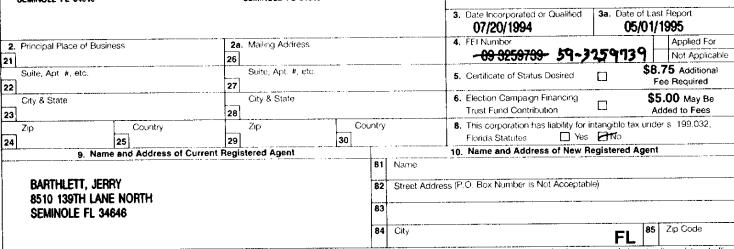
P94000054254 (5) **DOCUMENT #**

THE BARTHLETT GROUP, INC. Principal Place of Business

8510 139TH LANE NORTH SEMINOLE FL 34646

Mailing Address

8510 139TH LANE NORTH SEMINOLE FL 34646



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 _	Signature, hyped or printed numb of registered agent and title	if applicable (NOTE	Fugistered Agent signature required:	wise rendative DATE
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1 11/16	Change Addition
NAME	Barthlett, Jerry		1.2 NAME	
STREET ADORESS	8510 139TH LANE NORTH		1 3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 34646		1.4 CITY - ST - 7IP	
TITLE	VO	□ D€LETE	2 1 THUE	☐ Change ☐ Addition
NAME	BARTHLETT, SHERMA		2.2 NAME	
STREET ADDRESS	8510 139TH LANE NORTH		2.3 STREET ADORESS	
CITY-ST-ZIP	SEMINOLE FL 34646		2.4 CiTY - ST. ZIF	
TITLE		DELETE	3 I TITLE	Change Adortion
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY - ST - ZIP			3.4 CHTY ST-ZP	
THILE		DELETE	4 1 11TiE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP			4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE		DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STHELE ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZiP	☐ Change ☐ Addition
TITLE		DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STHEET ADDRESS	
CITY ST-7IP			6.4 CITY - ST - ZIP	

14. Ido 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)(N). 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 logal effect as if made under oath; that I am an office 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

SIGNATURE:

ER OR DIRECTOR

CR2E034 (12/95)