

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Oct 07 1998 8:00am  
Secretary of State

DOCUMENT # P94000058873 (8)

1. Corporation Name  
DAVID BAREFOOT, INC.



Principal Place of Business

2180 W. SR 434  
SUITE 3130  
LONGWOOD FL 32779  
US

Mailing Address

2180 WEST SR 434  
SUITE 3130  
LONGWOOD FL 32779  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 995 North SR 434

22 Suite, Apt. #, etc.  
210

23 City & State  
Altamonte Springs, FL

24 Zip  
32714

2a. Mailing Address  
26 995 North SR 434

27 Suite, Apt. #, etc.  
210

28 City & State  
Altamonte Springs, FL

29 Zip  
32714

3. Date Incorporated or Qualified

08/02/1994

4. FEI Number

59-3263097

Applied For  
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

BAREFOOT, DAVID  
2180 WEST SR 434  
SUITE 6180  
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name

David Barefoot

82 Street Address (P.O. Box Number is Not Acceptable)

995 North SR 434, Ste 210

83

84 City

Altamonte Springs

85

Zip Code

FL 32714

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/8/98

12. OFFICERS AND DIRECTORS

TITLE	PSD	DELETE
NAME	BAREFOOT, DAVID	
STREET ADDRESS	1614 IMPERIAL PALM DR	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	VTD	DELETE
NAME	BAREFOOT, SUSAN	
STREET ADDRESS	1614 IMPERIAL PALM DR	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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, typed or printed name of registered agent and title if applicable

7/8/98 (407) 862-7033

CR2E034 (5/98)