

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90049 050 ***150.00

DOCUMENT # P94000064918

1. Corporation Name
WILLIAM S. BARTLETT COMPANY

Principal Place of Business
212 WOOD LAKE DR.
MAITLAND FL 32751

Mailing Address
212 WOOD LAKE DR.
MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1994

4. FEI Number

59-3256842

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1021 Forest Oak RD
Suite, Apt. #, etc.

26 PO Box 1353
Suite, Apt. #, etc.

22
City & State

27
City & State

23 Woodlawn, VA
Zip Country

28 Galax VA
Zip Country

24 24381 25 USA

29 24333 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARTLETT, WILLIAM S JR
212 WOOD LAKE DR.
MAITLAND FL 32751

81 Name - SAME Michael Borchek
82 Street Address (P.O. Box Number is Not Acceptable)
1021 Forest Oak RD 201 N. New York Ave
83 Suite 302
84 City Woodlawn Winter Park FL 85 Zip Code 32789

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 (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME BARTLETT, WILLIAM S. J
STREET ADDRESS 212 WOOD LAKE DR
CITY-ST-ZIP MAITLAND FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1021 Forest Oak RD
1.4 CITY-ST-ZIP Woodlawn, VA 24381

TITLE ST ☐ DELETE
NAME BARTLETT, VELINDA M.
STREET ADDRESS 212 WOOD LAKE DR
CITY-ST-ZIP MAITLAND FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1021 Forest Oak Rd
2.4 CITY-ST-ZIP Woodlawn, VA 24381

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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)(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, with all other like empowered.

SIGNATURE: William S. Bartlett, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99
Date

540-238-0348
Daytime Phone #

CR2E034 (11/98)

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