

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000075200 (3)

1. Corporation Name

BARTLETT SHAVINGS, INC.

Principal Place of Business

561 KEUKA RD  
EDGAR FL 32149

Mailing Address

PO BOX 48  
EDGAR FL 32149



2. Principal Place of Business		2a. Mailing Address	
21 18891 NE 24 AVE	26 PO BOX 129		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23 CITRA FL	28 CITRA FL		
Zip	Zip	Country	
24 32113	29 32113	30 USA	
25 USA			

3. Date Incorporated or Qualified	3a. Date of Last Report
10/10/1994	04/18/1995
4. FEI Number	Applied For
59-3291181	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
6. This corporation has liability for intangible tax under s 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BARTLETT, SHARON U  
561 KEUKA RD  
EDGAR FL 32149

10. Name and Address of New Registered Agent

81 Name	BARTLETT, SHARON U.
82 Street Address (P.O. Box Number is Not Acceptable)	18891 NE 24 AVE
83	
84 City	CITRA
85 Zip Code	FL 32113

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:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	1.1 TITLE	DS
NAME	BARTLETT, SHARON U.	1.2 NAME	BARTLETT SHARON U
STREET ADDRESS	561 KEUKA RD	1.3 STREET ADDRESS	18891 NE 24 Ave
CITY-ST-ZIP	EDGAR FL	1.4 CITY-ST-ZIP	Citra FL 32113
TITLE	P	2.1 TITLE	P
NAME	BARTLETT, JEFFERY B.	2.2 NAME	BARTLETT, JEFFERY B.
STREET ADDRESS	561 KEUKA RD	2.3 STREET ADDRESS	18891 NE 24 Ave
CITY-ST-ZIP	EDGAR FL	2.4 CITY-ST-ZIP	Citra, FL 32113
TITLE	V	3.1 TITLE	V
NAME	BARTLETT, RICHARD C.	3.2 NAME	BARTLETT, RICHARD C
STREET ADDRESS	561 KEUKA RD	3.3 STREET ADDRESS	18891 NE 24 Ave
CITY-ST-ZIP	EDGAR FL	3.4 CITY-ST-ZIP	Citra FL 32113
TITLE	T	4.1 TITLE	T
NAME	BARTLETT, ROBERT R.	4.2 NAME	BARTLETT, ROBERT
STREET ADDRESS	561 KEUKA RD	4.3 STREET ADDRESS	18891 NE 24 Ave
CITY-ST-ZIP	EDGAR FL	4.4 CITY-ST-ZIP	Citra, FL 32113
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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)(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 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

4/11/96

Date

352-684-3795

Daytime Phone #

CR2E034 (12/95)