

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

FILED
Apr 25 1997 8:00am
Secretary of State

DOCUMENT # **P94000075200 (3)**

1. Corporation Name
BARTLETT SHAVINGS, INC.



Principal Place of Business
**18891 NE 24TH AVE
CITRA FL 32113
US**

Mailing Address
**PO BOX 129
CITRA FL 32113-0129
US**

3. Date Incorporated or Qualified
10/10/1994

3a. Date of Last Report
04/22/1996

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

4. FEI Number
59-3291181

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BARTLETT, SHARON U.
18891 NE 24TH AVE
CITRA FL 32113**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City **FL** 85. Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DS	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARTLETT, SHARON U.		1.2 NAME	
STREET ADDRESS 18891 NE 24TH AVE		1.3 STREET ADDRESS	
CITY-STATE-ZIP CITRA FL		1.4 CITY-STATE-ZIP	
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARTLETT, JEFFERY B.		2.2 NAME	
STREET ADDRESS 18891 NE 24 AVE		2.3 STREET ADDRESS	
CITY-STATE-ZIP CITRA FL		2.4 CITY-STATE-ZIP	
TITLE V	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARTLETT, RICHARD C.		3.2 NAME	
STREET ADDRESS 18891 NE 24 AVE		3.3 STREET ADDRESS	
CITY-STATE-ZIP CITRA FL		3.4 CITY-STATE-ZIP	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARTLETT, ROBERT R.		4.2 NAME	Managing Director
STREET ADDRESS 18891 NE 24 AVE		4.3 STREET ADDRESS	Bartlett Robert R.
CITY-STATE-ZIP CITRA FL		4.4 CITY-STATE-ZIP	18891 NE 24 AVE
			CITRA FL 32113
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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: Sharon U. Bartlett 4/7/97 352-595-7188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)