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

Mailing Address 125 N RIDGEWOOD AVE

28. Mailing Address

City & State

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g. Name and Address of Current Registered Agent

Suite, Apt. #. etc.

DAYTONA BEACH FL 32115

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

125 N RIDGEWOOD AVE DAYTONA BEACH FL 32115

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

CITY-ST-ZIP

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ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000086137 (4) DOCUMENT # 1. Corporation Name

LAURENCE H. BARTLETT, P.A.

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BARTLETT, LAURENCE H 125 N RIDGEWOOD AVE

DAYTONA BEACH FL 32115

FILED Apr 23 1998 8:00am Secretary of State

	DO NOT WRITE IN THIS SPACE			
				 Date Incorporated or Qualified 11/29/1994
		4. FEI Number		Applied For
ļ	59-3281223		Not Applicable	
	5. Certificate of Status Desired	□ \$	\$8.75 Additional Fee Required	
	Election Campaign Financing Trust Fund Contribution		55.00 May Be Added to Fees	
	8. This corporation owes or has personal Property Tax due June		. — .	
	10. Name and Address of New Ro	egistered Ager	nt	
Name				
Street Addres	s (P.O. Box Number is Not Accepta	ble)		

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** Signature, typod or ponted name of registered agent and titln if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD DELETE Addition Change TITLE 1.1 TITLE BARTLETT, LAURENCE H NAME 1.2 NAME 125 N RIDGEWOOD AVE STREET ADDRESS 1.3 STREET ADDRESS DAYTONA BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP Change ☐ DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 THLE NAME 6.2 NAME STREET ADDRESS 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 replified 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

Country

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83 84 City

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