

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90053 031 ***150.00

DOCUMENT # P94000086705

1. Entity Name
BARGROVE, INC.



Principal Place of Business
**5031 W. CYPRESS ST.
SUITE 300
TAMPA, FL 33607**

Mailing Address
**P.O. BOX 18082
TAMPA, FL 33679**

94022870



2. Principal Place of Business
1408 N. WESTSHORE BLVD

3. Mailing Address
1408 N. WESTSHORE BLVD

Suite, Apt. #, etc.
SUITE #116

Suite, Apt. #, etc.
SUITE #116

02242004 Chg-P CR2E034 (10/03)

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number
59-3365173

Applied For
Not Applicable

Zip
33607

Country
USA

Zip
33607

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MERRILL, RANDOLPH S
5041 W. CYPRESS ST.
SUITE 300
TAMPA, FL 33607**

Name
RANDOLPH S. MERRILL

Street Address (P.O. Box Number is Not Acceptable)
1408 N. WESTSHORE BLVD

SUITE #116

City
TAMPA

FL

Zip Code
33607

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the status of registered agent.

SIGNATURE: **RANDOLPH S. MERRILL**

2/24/04

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BARNETT, WILLIAM B
3647 RICHMOND ST
JACKSONVILLE, FL 32205** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MERRILL, RANDOLPH S
5041 W. CYPRESS ST.
TAMPA, FL 33607** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**~~PD~~ S
RANDOLPH S. MERRILL
1408 N. WESTSHORE BLVD, STE 116
TAMPA, FL 33607** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 for the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or in the attachment with an address, with all other like empowered.

SIGNATURE: **RANDOLPH S. MERRILL** **2/24/04 (813) 514-1134**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #