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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000012219**1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

BAR SQUARE N RANCH, INC.

		•					
Principal Plac	ce of Business	Mailing Address			-	1111 00 311 05 161 11010 1561	
800 DONALD PLAZA 800 DONALD PLACE TEMPLE TERRACE FL 33617 TEMPLE TERRACE FL 33617 US					DO NOT WITH	TE IN THIS SPACE	
US						TE IN THIS SPACE	:
					3. Date Incorporated or Qualifed 02/13/1995	, + med .	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3307405		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•	5. Certifcate of Status Desired	1 I	75 Additional e Required
City & Stat	te	City & State			6. Election Campaign Financing	_ \$ 5	.00 May Be
23		28			Trust Fund Contribution		ded to Fees
Zip	Country	Zip	Country		8. This corporation owes the curr	ent year Intangible	
24	25	29	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	Registered Agent	
		A Parice First	81	Name	•		·
	CHOLSON, GERALD W		82	Street Addre	ss (P.O. Box Number is Not Accepta	able)	
	DONALD PLACE		02	Sileet Addie	ss (F.O. Box Number is Not Accepta	aule)	
TEM	IPLE TERRACE FL 33617		83			and the contract	
•	•				व्यक्ति विश्व भी देवे हैं कि है		
			84	City		FI 85	Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508. Florida Statutes	the above	e-named corpo	ration submits this statement for the	purpose of changing	a its registered
office or r	registered agent, or both, in the State of am familiar with, and accept the obligation	Florida, Such change was aut	horized by	the corporation	n's board of directors. I hereby accep	ot the appointment	s registered
ರಿಗಿ agent. La	ım ramıllar witn, and accept the obligatio	ons of, Section 607.0505, Florid	ia Statutes.	•		,	
SIGNATURE						,	·
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	Registered Agen	t signature required		DATE	
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE: R	Registered Agen		ADDITIONS/CHANGES TO OF	FICERS AND DIRE	
SIGNATURE 12.	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE: R	13.				
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND D NICHOLSON, GERALD W	and title if applicable. (NOTE: R	Registered Agen		ADDITIONS/CHANGES TO OF	FICERS AND DIRE	
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SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent a OFFICERS AND D NICHOLSON, GERALD W	ond title if applicable. (NOTE: R DIRECTORS	13. 1.1 TITLE 1.2 NAME	t signature required	ADDITIONS/CHANGES TO OF	FICERS AND DIRE	nge
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent a OFFICERS AND D NICHOLSON, GERALD W 800 DONALD PLACE	and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET	t signature required	ADDITIONS/CHANGES TO OF	FICERS AND DIRE	nge
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent a OFFICERS AND D NICHOLSON, GERALD W 800 DONALD PLACE	ond title if applicable. (NOTE: R DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	t signature required	ADDITIONS/CHANGES TO OF	FICERS AND DIRE	nge
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent a OFFICERS AND D NICHOLSON, GERALD W 800 DONALD PLACE	ond title if applicable. (NOTE: R DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	t signature required	ADDITIONS/CHANGES TO OF	FICERS AND DIRE	nge
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90005 047 ***150.00