

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90032 019 ***150.00

DOCUMENT # P95000075492

1. Corporation Name
FORT BARTON STABLES, INC. ✓

Principal Place of Business
**HC 2 BOX 8204-A
Tallahassee, FL 32310**

Mailing Address
**c/o JAMES O. BIRR, JR., ESQ.
1650 N.E. 26TH STREET, #101
FORT LAUDERDALE, FL 33305**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/25/1995

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 JAMES O. BIRR, JR., ESQ. 27 Suite, Apt. #, etc. 28 1650 N.E. 26TH STREET, 101 29 City & State 30 FORT LAUDERDALE, FLORIDA 31 Zip 32 33305 33 Country	4. FEI Number 59-3336893 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**JAMES O. BIRR, JR., ESQ.
1650 N.E. 26TH STREET, 101
FORT LAUDERDALE, FLORIDA 33305**

10. Name and Address of New Registered Agent

81 Name **JAMES O. BIRR, JR., ESQ.**
82 Street Address (P.O. Box Number is Not Acceptable)
1650 N.E. 26th STREET, SUITE 101
83
84 City **FORT LAUDERDALE** **FL** 85 Zip Code **33305**

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

Registered Agent, James O. Birr, Jr.

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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTON, LONNIE D.	1.2 NAME	
STREET ADDRESS	HC 2 BOX 8204-A	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32310	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARTON, NADINE J.	2.2 NAME	
STREET ADDRESS	HC 2 BOX 8204-A	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32310	2.4 CITY-ST-ZIP	
TITLE	S/T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORSMAN, BURTON J.	3.2 NAME	
STREET ADDRESS	3419 APALACHEE PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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-ST-ZIP		5.4 CITY-ST-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-ST-ZIP		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 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.

SIGNATURE:

Barton J. Forsman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99
Date

1-800-852-7544
Daytime Phone #

CR2E034 (1/98)