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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000012077 (9)**

1. Corporation Name
BAR/TONY, INC.

Principal Place of Business	Mailing Address
3713 49TH STREET NORTH BOX 232 ST. PETERSBURG FL 33710	3713 49TH STREET NORTH BOX 232 ST. PETERSBURG FL 33710-2153

3. Date Incorporated or Qualified: 02/07/1996
3a. Date of Last Report: 2/7/96

Beach Florals By Lois
315 Gulf Blvd
Indian Rocks Beach
Florida

2a. Mailing Address
26 6860 Gulfport Blvd So
Suite, Apt. #, etc.
27 #236
City & State
28 St. Pete, Fl.
24 Zip 34635 25 Country Pinellas
29 Zip 33707 30 Country Pinellas

4. FEI Number: 65-0638996 ☐ 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

RHOADES, JOHN A JR.
2525 PASADENA AVENUE SOUTH
ST. PETERSBURG FL 32301

10. Name and Address of New Registered Agent

81 Name: BARRY. W. BARTLETT
82 Street Address (P.O. Box Number is Not Acceptable): 6860 Gulfport Blvd So
83 #236
84 City: St Pete FL 85 Zip Code: 33707

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: Barry W. Bartlett PRESIDENT 4/28/96
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	PSTD ☐ DELETE	1.1 TITLE	PSTD ☒ Change ☐ Addition
NAME	BARTLETT, BARRY W	1.2 NAME	BARTLETT, BARRY W
STREET ADDRESS	3713 49TH STREET NORTH, BOX 232	1.3 STREET ADDRESS	6860 GULFPORT BLVD SO. #236
CITY-ST-ZIP	ST. PETERSBURG FL 33710	1.4 CITY-ST-ZIP	ST. PETERSBURG FL 33707
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Barry W. Bartlett PRESIDENT 4/28/97 813-527-9217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #