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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000036763 (6)**

BARTHOLOMEW & MILLER, INC.

Mailing Address Principal Place of Business 3415 W. HILLSBOROUGH AVE. 3415 W. HILLSBOROUGH AVE SUITE 625 SUITE 625 TAMPA FL 33614-1303 **TAMPA FL 33614** 3. Date Incorporated or Qualified 3a. Date of Last Report 04/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3391907 21 26 Not Applicable Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žφ Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 24 25 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name DINGLE, PHILLIP S 101 EAST KENNEDY BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 3700 BARNETT PLACE 83 **TAMPA FL 33802** 84 City 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 St geature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE ☐ Change **Addition** 1.1 TITLE THLE MARK A. MILLER 1.2 NAME NAME 3415 W. HILLSBOROUGH AVE. #625 STREET ADDRESS 1.3 STREET ADDRESS TAMPA, FL 33614 14 CITY-ST-ZIP CHTY-ST 7-P Addition DELETE 21 TITLE Change TITLE Robley C. BARTHOLOMEN 2.2 NAME NAME 13620 LAKE MAGDALENE DR. \$61 2.3 STREET ADDRESS STREET ADDRESS TAMPA, FL 33618 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAMI 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST- ZIP 4.4 CITY - ST - ZIP Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME STREET ADORESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY ST-ZIF DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 appear with an address.

SIGNATURE:

CHTY - ST - 7IP

HALL DE CLIEB OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-28-97

813-348-9688

FILED

May 08 1997 8:00am

Secretary of State

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