

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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000036763 (6)**

1. Corporation Name

BARTHOLOMEW & MILLER, INC.



Principal Place of Business

Mailing Address

**3415 W. HILLSBOROUGH AVE.
SUITE 625
TAMPA FL 33614**

**3415 W. HILLSBOROUGH AVE.
SUITE 625
TAMPA FL 33614**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 3823 W. SANTIAGO ST.	26 3823 W. SANTIAGO ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 TAMPA, FL	28 TAMPA, FL
Zip	Zip
24 33629	29 33629
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified
04/29/1996
4. FEI Number
59-3391907
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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DINGLE, PHILLIP S 101 EAST KENNEDY BLVD. SUITE 3700 BARNETT PLACE TAMPA FL 33602	81 Name MARK A. MILLER
	82 Street Address (P.O. Box Number is Not Acceptable) 3823 W. SANTIAGO ST
	83
	84 City TAMPA FL 85 Zip Code 33629

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 *Mark A. Miller* **MARK A. MILLER** 1-26-98
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 <input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLER, MARK A	1.2 NAME
STREET ADDRESS 3415 W HILLSBOROUGH AVE #625	1.3 STREET ADDRESS 3823 W. SANTIAGO ST
CITY-ST-ZIP TAMPA FL	1.4 CITY-ST-ZIP TAMPA, FL 33629
TITLE <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARTHOLOMEW, ROBLEY E	2.2 NAME
STREET ADDRESS 13620 LAKE MAGDALENE DR #811	2.3 STREET ADDRESS
CITY-ST-ZIP TAMPA FL	2.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP	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 empaneled 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: *Mark A. Miller*

2-11-97

813-835-5563

CR2E034 (10/97)