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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000076369 (3)

DEREK BARGER, INC.

Principal Place of Business

4000 TIWA LANE 4000 TIWA LANE TITUSVILLE FL 32796-2942 TITUSVILLE FL 32796 3. Date Incorporated or Qualified 3a. Date of Last Report 09/12/1996 2. Principal Place of Business Mailing Address Applied For 4000 TIMA LA P.O.BOX 6382 Not Applicable Suite\_Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required ity & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 6. This corporation has liability for intangible tax under s. 199.032, Yes INO us 25 Florida Statutes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Barger, Derek 4000 TIWA LANE **B2** Street Address (P.O. Box Number is Not Acceptable) TITUSVILLE FL 32796 **B3** Zip Code 507.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered a State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered applications of Section 607.0505, Florida Statutes. 11. Pursuant to the office or registi agent. I am SIGNATURE d title if applicable AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS 12. OFFICERS AND DIRECTORS 13, Addition DELETE Change 1.1 TITLE TITLE PD NAME BARGER, DEREK 1.2 NAME **4000 TIWA LANE** 1.3 STREET ADDRESS STREET ADDRESS TITUSVILLE FL 32796 1.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition 21 TITLE THLE ROY, HENRY J 22 NAME NAME 1212 S PARK AVE 23 STREET ADDRESS STREET ADDRESS TITUSVILLE FL 32796 2.4 CITY-ST-ZIP CITY-ST-7IP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-2IP CITY - \$1 - ZiP Change Addition DELETE TITLE 4.1 TITLE

14. If 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 influal 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 it am an officer or director of the corporation of 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 changes for place and that my name and the second statutes is the second statutes.

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE 62 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY - \$T - 2IP

SIGNATURE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST-- ZIP

CITY - ST- ZIP

SIGNING OFFICER OF DIRECTOR

DELETE

DELETE

1/27/97 407-268-6900

Addition

Addition

Change

Change

**FILED** 

Feb 06 1997 8:00am

Secretary of State