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Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000081746 (5)

1. Corporation Name

BARTLETT PAINTING, INC.

Principal Place of Business

12825 JESS WALDEN RD
DOVER FL 33527

Mailing Address

12825 JESS WALDEN RD
DOVER FL 33527-4801

3. Date Incorporated or Qualified
09/30/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

Country

30

4. FEI Number

59-3406861

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

BARTLETT, SCOTT
12925 JESS WALDEN RD
DOVER FL 33527

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable

SCOTT BARTLETT VP

DATE

2/21/97

12. OFFICERS AND DIRECTORS

TITLE 0 DELETE
NAME BARTLETT, BILL
STREET ADDRESS 3736 WASHINGTON RD
CITY-ST-ZIP VALRICO FL 33594

TITLE 0 DELETE
NAME BARTLETT, SCOTT
STREET ADDRESS 12925 JESS WALDEN RD
CITY-ST-ZIP DOVER FL 33527

TITLE 0 DELETE
NAME BARTLETT, ANGELA
STREET ADDRESS 12925 JESS WALDEN RD
CITY-ST-ZIP DOVER FL 33527

TITLE 0 DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 0 DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 0 DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/97 813-659-2087

DATE

Daytime Phone #

CP2E034 (9/96)