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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000099006 (4)

1. Corporation Name

BARBARA WOLFGANG INC.



Principal Place of Business

Mailing Address

243 ABERDEEN ST

DUNEDIN FL 34098

5107 Crescent Dr
Tampa, FL 33611

243 ABERDEEN ST

DUNEDIN FL 34098-7502

5107 Crescent Dr.
Tampa, FL 33611

3. Date Incorporated or Qualified

12/09/1996

3a. Date of Last Report

2. Principal Place of Business

21 5107 Crescent Drive

Suite, Apt. #, etc.

22

City & State

23 Tampa, Florida

Zip

Country

24 33611

25 USA

2a. Mailing Address

26 5107 Crescent Drive

Suite, Apt. #, etc.

27

City & State

28 Tampa, Florida

Zip

Country

29 33611

30 USA

4. FEI Number

59-3407556 (EIN)

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

WOLFGANG, BARBARA

243 ABERDEEN ST

DUNEDIN FL 34098

5107 Crescent Dr.
Tampa, FL 33611

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

5107 CRESCENT DRIVE

B3

B4

City Tampa

FL

B5

Zip Code
33611

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

Barbara Wolfgang

(NOTE: Registered Agent signature required when reinstating)

2-14-97

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME WOLFGANG, BARBARA

STREET ADDRESS 243 ABERDEEN ST

CITY-ST-ZIP DUNEDIN FL 34098

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

5107 CRESCENT DRIVE

14 CITY-ST-ZIP

Tampa, FL 33611

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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. Barbara Wolfgang

SIGNATURE:

Barbara Wolfgang President

Date

Daytime Phone # 0010482

CR2E034 (9/96)