

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90116 035 \*\*\*155.00

DOCUMENT # P96000099153

1. Corporation Name  
BARSON GROUP, INC.

Principal Place of Business  
487 PINELLAS BAYWAY  
UNIT 201  
TIERRA VERDE FL 33715

Mailing Address  
487 PINELLAS BAYWAY  
UNIT 201  
TIERRA VERDE FL 33715



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1996

4. FEI Number

59-3418848

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 840 Pinellas Bayway

Suite, Apt. #, etc.

22 City & State

23 Tierra Verde, FL

Zip

24 33715

Country

25 USA

2a. Mailing Address

26 840 Pinellas Bayway

Suite, Apt. #, etc.

27 City & State

28 Tierra Verde, FL

Zip

29 33715

Country

30 USA

9. Name and Address of Current Registered Agent

HANSHAW, LYNN E  
7480 HOBSON STREET NE  
ST. PETERSBURG FL 33702

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME KATZ, SANFORD E  
STREET ADDRESS 487 PINELLAS BAYWAY #201  
CITY-ST-ZIP TIERRA VERDE FL 33715

TITLE VTD ☐ DELETE  
NAME KATZ, BARBARA L  
STREET ADDRESS 487 PINELLAS BAYWAY #201  
CITY-ST-ZIP TIERRA VERDE FL 33715

TITLE SD ☐ DELETE  
NAME HANSHAW, LYNN E  
STREET ADDRESS 7480 HOBSON STREET NE  
CITY-ST-ZIP ST. PETERSBURG FL 33702

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

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME Katz, Sanford E.  
1.3 STREET ADDRESS 840 Pinellas Bayway  
1.4 CITY-ST-ZIP Tierra Verde, FL. 33715

2.1 TITLE VTD ☒ Change ☐ Addition  
2.2 NAME Katz, Barbara L.  
2.3 STREET ADDRESS 840 Pinellas Bayway  
2.4 CITY-ST-ZIP Tierra Verde, FL. 33715

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-17-99

727-867-6384

Date

Daytime Phone #

0411419

CR2E034 (11/98)