

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
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90050 020 ***150.00

DOCUMENT # P96000102378

1. Corporation Name

BARZELL WHITMORE MAROON BELLS, INC.

Principal Place of Business

1921 WALDEMERE ST
SUITE 310
SARASOTA FL 34239

Mailing Address

1921 WALDEMERE ST
SUITE 310
SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1996

4. FEI Number
65-0723676

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 1121 Lewis Ave.

2a. Mailing Address

26 1121 Lewis Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Sarasota, FL

Suite, Apt. #, etc.

City & State

27 City & State
28 Sarasota, FL

23 34237

City & State

Zip

Country

24 25 USA

Zip

29 34237 30 USA

9. Name and Address of Current Registered Agent

HANKIN, LAWRENCE M
2033 MAIN ST, STE 400
SARASOTA FL 3

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 P ☐ DELETE

NAME BARZELL, WINSTON E MD
STREET ADDRESS 1920 WALDEMERE ST, STE 310
CITY-ST-ZIP SARASOTA FL 34239

TITLE VPS ☐ DELETE

NAME WHITMORE, WILLET F MD
STREET ADDRESS 1921 WALDEMERE ST, STE 310
CITY-ST-ZIP SARASOTA FL 34239

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 1121 Lewis Avenue
1.4 CITY-ST-ZIP Sarasota, FL 34237

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 1121 Lewis Avenue
2.4 CITY-ST-ZIP Sarasota, FL 34237

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Willet F Whitmore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99

941-955-7700

Date

Daytime Phone #

0477038

CR2E034 (11/98)