


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

FILED
Aug 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Worthington Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000005567 (7)**

1. Corporation Name

T. BARRETT & ASSOCIATES, INC.



Principal Place of Business 320 ISLAND WAY, SUITE 206 CLEARWATER FL 34630	Mailing Address 320 ISLAND WAY, SUITE 206 CLEARWATER FL 34630
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10488 ROOSEVELT BLVD Suite, Apt. #, etc. 22 City & State 23 ST. PETERSBURG FL Zip 24 33716 Country		2a. Mailing Address 26 10488 ROOSEVELT BLVD Suite, Apt. #, etc. 27 ST PETERSBURG City & State 28 FLORIDA Zip 29 33716 Country		3. Date Incorporated or Qualified 01/21/1997	
4. FEI Number 59-3419951		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 348 ALMERIA AVENUE CORAL GABLES FL 33134				81 Name PEREZ & COMPANY	
				82 Street Address (P.O. Box Number is Not Acceptable) SUITE 420 201 EAST KENNEDY BLVD	
				83	
				84 City TAMPA FL 85 Zip Code 33602	

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

20 July 1998
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	PSTD
NAME	BARRETT, THOMAS R	1.2 NAME	BARRETT THOMAS.
STREET ADDRESS	320 ISLAND WAY, SUITE 206	1.3 STREET ADDRESS	714 SNUG ISLAND
CITY-ST-ZIP	CLEARWATER FL 34630	1.4 CITY-ST-ZIP	CLEARWATER FL 33767
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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*****550.00**

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.

SIGNATURE:

6/26/98

CR2E034 (10/97)