

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P97000040780 (3)

1. Corporation Name

BAR G MIDWEST, INC.

Principal Place of Business

707 WESLEY AVE.
TARPON SPRINGS FL 34689

Mailing Address

P.O. BOX 430
TARPON SPRINGS FL 34688

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1997

4. FEI Number

59-3446013

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 707 WESLEY AVE

Suite, Apt. #, etc.

22

City & State

23 TARPON SPRINGS, FL

Zip

24 34689

Country

25 UNITED STATES

2a. Mailing Address

26 P.O. BOX 430

Suite, Apt. #, etc.

27

City & State

28 TARPON SPRINGS, FL

Zip

29 34688

Country

30 UNITED STATES

9. Name and Address of Current Registered Agent

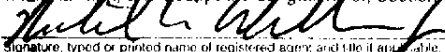
BASH, EDWARD J
707 WESLEY AVE.
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name
Richard C. Williams, Jr., Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
RICHARD C. WILLIAMS, JR., P.A.
83 6337 Grand Boulevard
84 City
New Port Richey, FL 85 Zip Code
34652

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



Richard C. Williams, Jr.

4-3-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BASH, EDWARD J	
STREET ADDRESS	40 SALT CIR.	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COMO, JOHN N	
STREET ADDRESS	10035 INDIAN MOUND DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUTLER, MICHAEL G	
STREET ADDRESS	5201 LAPLATA DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUTLER, LAURIE A	
STREET ADDRESS	5201 LAPLATA DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE 

CR2E034 (10/97)