

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

**FILED**  
**Jan 23, 1999 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

01-23-1999 90010 015 \*\*\*\*\*150.00

**DOCUMENT # P97000056370**

1. Corporation Name  
**THE COMPUTER BARN, INC.**



Principal Place of Business

120 N WILSON AVE  
 BARTOW FL 33830  
 US

Mailing Address

120 N WILSON AVE  
 BARTOW FL 33830  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/25/1997**

4. FEI Number

**NOT APPLICABLE**

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 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**MILLER, HARRY WELLS JR**  
**7120 PINEHAVEN DRIVE**  
**LAKELAND FL 33810-6322**

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 607.0592 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

*Harry W. Miller, Jr. - PRESIDENT*

**1-8-99**

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
 NAME **D MILLER, HARRY WELLS JR**  
 STREET ADDRESS **7120 PINEHAVEN DRIVE**  
 CITY-ST-ZIP **LAKELAND FL 33810-6322**

TITLE  DELETE  
 NAME **D MILLER, DIANE**  
 STREET ADDRESS **7120 PINEHAVEN DRIVE**  
 CITY-ST-ZIP **LAKELAND FL 33810-6322**

TITLE  DELETE  
 NAME **D SCOTT, LLOYD A JR**  
 STREET ADDRESS **1245 WEST MCLEOD STREET**  
 CITY-ST-ZIP **BARTOW FL 33830-6234**

TITLE  DELETE  
 NAME **D SCOTT, PATRICIA MARIE**  
 STREET ADDRESS **1245 WEST MCLEOD STREET**  
 CITY-ST-ZIP **BARTOW FL 33830-6234**

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  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

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 19.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Harry W. Miller, Jr.*

**1-8-99 (940) 533-6060**

Date Daytime Phone #

CR2E034 (11/98)