

03241999-90077-047-\$150.00-\$150.00

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

FILED

Mar 24, 1999 8:00 am
 Secretary of State

03-24-1999 90077 047 ***150.00



PROFIT
 CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # **P98000022989**

1. Corporation Name

BARRETT ENTERPRISES, INC.

Principal Place of Business

519 SOUTH RIVERPOINT DRIVE
 STUART FL 34994

Mailing Address

519 SOUTH RIVERPOINT DRIVE
 STUART FL 34994

2. Principal Place of Business

21 1630 SE FEDERAL HWY.

2a. Mailing Address

28 1630 SE FEDERAL HWY.

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 City & State

28 City & State

23 STUART, FL

28 STUART, FL

24 Zip

34994

29 Zip

34994

Country

25

Country

26

27

9. Name and Address of Current Registered Agent

MCNICHILLOS, MICHAEL J ESO.
 320 WEST OCEAN BLVD.
 STUART FL 34994

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	1.2 NAME	DEAN BARRETT	
		1.3 STREET ADDRESS	519 SOUTH RIVERPOINT DRIVE	
		1.4 CITY-ST-ZIP	STUART, FL 34994	
TITLE	NAME	2.1 TITLE	SECRETARY/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	2.2 NAME	NOVANNA BARRETT	
		2.3 STREET ADDRESS	519 SOUTH RIVERPOINT DRIVE	
		2.4 CITY-ST-ZIP	STUART, FL 34994	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME		
		3.3 STREET ADDRESS		
		3.4 CITY-ST-ZIP		
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME		
		4.3 STREET ADDRESS		
		4.4 CITY-ST-ZIP		
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME		
		5.3 STREET ADDRESS		
		5.4 CITY-ST-ZIP		
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-73-99

567-7231978

Date

Daytime Phone #

CR2E034 (11/98)