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Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90025 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000071978

1. Corporation Name
W. BARNETT ENTERPRISES, INC.

Principal Place of Business: 708 EAST VIRGINIA AVENUE TAMPA FL 33603
Mailing Address: 708 EAST VIRGINIA AVENUE TAMPA FL 33603



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/14/1998

2. Principal Place of Business: 5032 Calle Minerva, Sarasota, Florida 34242
2a. Mailing Address: PO BOX 875, Tampa, Florida 33601
23. City & State: Sarasota, Florida
24. Zip: 34242, 25. County: Sarasota
27. City & State: Tampa, Florida
28. Zip: 33601, 29. County: Hillsborough

4. FEI Number: 59-3529128
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax: Yes [X] No

9. Name and Address of Current Registered Agent: JUDD, STEVEN H, 2940 SOUTH TAMiami TRAIL, SARASOTA FL 34239

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Table with 2 columns: OFFICERS AND DIRECTORS, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include D BARNETT, WINTHROP and S CATHY BARNETT.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows 1.1-6.4 for Name, Address, City, State, Zip.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 a letter like empowered.

SIGNATURE: _____ Date: _____ Daytime Phone #: _____

CR2E034 (1/198)