

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

PROFIT
CORPORATION
ANNUAL REPORT



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

FILED

01 MAY 22 AM 9:04

DOCUMENT # P98000079534

Corporation Name

BARD COMMERCIAL PROPERTIES, INC.



Principal Place of Business

86 WESTERN WAY CIRCLE UNIT C-2
JACKSONVILLE FL 32256

Mailing Address

8286 WESTERN WAY CIRCLE UNIT C-2
JACKSONVILLE FL 32256

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1998

4. FEI Number

59-3553-305

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

9. Name and Address of Current Registered Agent

HOLBROOK, H L
ONE INDEPENDENT DRIVE STE 2301
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

JAMES A MOORE

82 Street Address (P.O. Box Number is Not Acceptable)

5929 POWERS AVE

83

84 City

JACKSONVILLE

FL

85 Zip Code

32217-2209

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

MAY 9 2001

12. OFFICERS AND DIRECTORS	
TITLE	D ☐ DELETE
NAME	BARD, DAVID J
STREET ADDRESS	8286 WESTERN WAY CIRCLE UNIT C-2
CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	4949 SUNBEAM RD STE 3
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32257-6142
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	000004425880-4
3.4 CITY-ST-ZIP	06/18/01-01158-018
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	****908.75-****908.75
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 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:

David J. Bard

5-9-2001

Date

Daytime Phone

(904)463-2944