

PLEASE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -7 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S86907**

(0)

Corporation Name

BAREFOOT BOB'S, INC.

Principal Place of Business

Mailing Address

**25 DUVAL STREET
KEY WEST FL 33040**

**P O BOX 6194
KEY WEST FL 33041
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/11/1991

3a. Date of Last Report

04/26/1994

4. FEI Number

65-0295987

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CATALFOMO, ANTHONY
517 WHITEHEAD ST.
KEY WEST FL 33040**

81 Name

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

83

84 City

FL

85

Zip Code

I, the undersigned, being the duly authorized officer or director of the corporation, hereby certify that the foregoing is a true and accurate statement of the corporation's officers and directors, and that the corporation is in compliance with 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.

NATURE

Signature taken by certified name of registered agent and filed separately

(NOTE: Registered Agent signature required when installing)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DPS
SALAMONE, ROBERT C.
1550 4TH ST
KEY WEST FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

SALAMONE, ROBERT C.
1550 4TH ST
KEY WEST FL

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

☐ Change ☐ Addition

HOLZ, KATHERINE E
1550 4TH ST
KEY WEST FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an addition to an addition.

SIGNATURE:

Robert C. Salamone
SIGNATURE AND TYPED OR PRINTED NAME OF BRINGING OFFICER OR DIRECTOR

3-1-95 305 296-5858
Filing Number