

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **S94800**

1. Corporation Name
BARBEE AND ASSOCIATES, P.A.

Principal Place of Business

4901 N FEDERAL HWY
STE. 300 NATIONSBANK
FT. LAUDERDALE FL 33306
US

Mailing Address

4901 N FEDERAL HWY
STE 300. NATIONSBANK
FT. LAUD FL 33308
US

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90053 042 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1991

4. FEI Number

65-0296553

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 **3201 W. Commercial Blvd**

Suite, Apt. #, etc. **Lakeshore
Ste 114 Business Center**

City & State

23 **Ft. Lauderdale FL**

Zip Country

24 **33309** 25 **US**

2a. Mailing Address

26 **3201 W. Commercial Blvd**

Suite, Apt. #, etc. **Lakeshore
Ste 114 Business Center**

City & State

28 **Ft. Lauderdale FL**

Zip Country

29 **33309** 30 **US**

9. Name and Address of Current Registered Agent

BARBEE, JOHN P.
STE 300, NATIONSBANK BLDG.
4901 N FED HWY
FT. LAUD FL 33308

10. Name and Address of New Registered Agent

81 Name

Barbee, John P.

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

3201 W. Commercial Blvd

83 **Ste 114 Lakeshore Business Center**

84 City

Ft Lauderdale

85 Zip Code

FL 33309

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

TITLE **PD** ☐ DELETE

NAME **BARBEE, JOHN P.**
STREET ADDRESS **411 POINCIANA DR.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **ST** ☐ DELETE

NAME **BARBEE, JOHN P.**
STREET ADDRESS **411 POINCIANA DR.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

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 **PD** ☒ Change ☐ Addition

1.2 NAME **Barbee, John P.**
1.3 STREET ADDRESS **3445 NW 44th Street #106**
1.4 CITY-ST-ZIP **Ft. Lauderdale FL 33309**

2.1 TITLE **ST** ☒ Change ☐ Addition

2.2 NAME **Barbee, John P.**
2.3 STREET ADDRESS **3445 NW 44th Street #106**
2.4 CITY-ST-ZIP **Ft. Lauderdale FL 33309**

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0296192