

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V04498 (4)

1. Corporation Name

BARTLETT PAIR, INC.



Principal Place of Business

**1296 EDGEWOOD AVENUE SOUTH
JACKSONVILLE FL 32205**

Mailing Address

**1296 EDGEWOOD AVENUE SOUTH
JACKSONVILLE FL 32205**

3. Date Incorporated or Qualified
01/02/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **165 Green Crest Dr.**
Suite, Apt. #, etc.

26 **2321 Beach Blvd.**
Suite, Apt. #, etc.

4. FEI Number
59-3101322

Applied For
Not Applicable

22 City & State
Jax Bch. FL

27 City & State
Jax Bch FL

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip **32250** Country **PUVAL**

28 Zip **32250** Country **PUVAL**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24 **32250** 25 **PUVAL** 29 **32250** 30 **PUVAL**

10. Name and Address of New Registered Agent

**NUSSBAUM, WILLIAM
1851 EXECUTIVE CTR. DR.
JACKSONVILLE FL 32207**

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

TITLE ☐ DELETE
NAME **P BARTLETT, JAMES A.**
STREET ADDRESS **1296 EDGEWOOD AVE S**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME **V BARTLETT, MARCY K.**
STREET ADDRESS **1296 EDGEWOOD AVE S**
CITY-ST-ZIP **JACKSONVILLE 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 ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **165 Green Crest Dr.**
1.4 CITY-ST-ZIP **Ponte Vedra Bch FL 32082**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **165 Green Crest Dr.**
2.4 CITY-ST-ZIP **Ponte Vedra Bch FL 32082**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS

14. I do 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 in an attachment with an address.

SIGNATURE:

James A. Bartlett

JAMES A. BARTLETT

4-30-96

(904) 247-8720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)