

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 214387 (3)

1. Corporation Name
RED BARN, INC.



Principal Place of Business: 6150 NEW TAMPA HIGHWAY LAKELAND FL 33801
Mailing Address: 6150 NEW TAMPA HIGHWAY LAKELAND FL 33801

3. Date Incorporated or Qualified: 08/06/1958
3a. Date of Last Report: 04/21/1995
4. FEI Number: 59-0858313 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

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
27
City & State: 23
28
Zip: 24
Country: 25
29

9. Name and Address of Current Registered Agent: JONES, BOB C. 103 CAPRI COURT SOUTH PLANT CITY FL 33567
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

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: _____ DATE: _____
(Signature, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P JONES, BOB C. 103 CAPRI CT S PLANT CITY FL 33567 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, BOB C.	1.2 NAME	
STREET ADDRESS	103 CAPRI CT S	1.3 STREET ADDRESS	
CITY- ST- ZIP	PLANT CITY FL 33567	1.4 CITY- ST- ZIP	
TITLE	V JONES, CHARLES DAVID 2615 AIRPORT ROAD LAKELAND FL 33801 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, CHARLES DAVID	2.2 NAME	
STREET ADDRESS	2615 AIRPORT ROAD	2.3 STREET ADDRESS	
CITY- ST- ZIP	LAKELAND FL 33801	2.4 CITY- ST- ZIP	
TITLE	S JONES, SHIRLEY ANN 103 CAPRI COURT SOUTH PLANT CITY FL 33567 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, SHIRLEY ANN	3.2 NAME	
STREET ADDRESS	103 CAPRI COURT SOUTH	3.3 STREET ADDRESS	
CITY- ST- ZIP	PLANT CITY FL 33567	3.4 CITY- ST- ZIP	
TITLE	T LACY, JAMES R. SR 2507 SOUTH GOLF VIEW DR. PLANT CITY FL 33567 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACY, JAMES R. SR	4.2 NAME	
STREET ADDRESS	2507 SOUTH GOLF VIEW DR.	4.3 STREET ADDRESS	
CITY- ST- ZIP	PLANT CITY FL 33567	4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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 on an attachment with an address.

SIGNATURE: Bob C. Jones Bob C. Jones 3-7-96 941/686-2754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Define Phone #

CR2E034 (12/95)