

FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED  
Jul 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
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 33815-3100

2. Principal Place of Business: 21 Suite, Apt #, etc. 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
JONES, BOB C.  
103 CAPRI COURT SOUTH  
PLANT CITY FL 33587

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: Charles David Jones  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13.
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	JONES, BOB C.	11
STREET ADDRESS	103 CAPRI CT S	12
CITY - ST - ZIP	PLANT CITY FL 33587	13
TITLE	V	<input type="checkbox"/> DELETE
NAME	JONES, CHARLES DAVID	21
STREET ADDRESS	2815 AIRPORT ROAD	22
CITY - ST - ZIP	LAKELAND FL 33801	23
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JONES, SHIRLEY ANN	31
STREET ADDRESS	103 CAPRI COURT SOUTH	32
CITY - ST - ZIP	PLANT CITY FL 33587	33
TITLE	T	<input type="checkbox"/> DELETE
NAME	LACY, JAMES R. SR	41
STREET ADDRESS	2807 SOUTH GOLF VIEW DR.	42
CITY - ST - ZIP	PLANT CITY FL 33587	43
TITLE		<input type="checkbox"/> DELETE
NAME		51
STREET ADDRESS		52
CITY - ST - ZIP		53
TITLE		<input type="checkbox"/> DELETE
NAME		61
STREET ADDRESS		62
CITY - ST - ZIP		63
TITLE		<input type="checkbox"/> DELETE
NAME		64
STREET ADDRESS		
CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and accurate. I am an officer or director of the corporation or the receiver or trustee empowered to file 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: Charles David Jones  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3. Date Incorporated or Qualified: 08/06/1958  
3a. Date of Last Report: 03/14/1996

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

10. Name and Address of New Registered Agent

81 Name: Charles David Jones  
82 Street Address (P.O. Box Number is Not Acceptable): 2615 Airport Road  
83  
84 City: Lakeland FL 85 Zip Code: 33811

Agent's signature required when reinstating: Charles David Jones 6/17/97

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

FEI ADDRESS	ST - ZIP	Change	Addition
Jones, Charles David		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lacy, James R. Sr.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fay Margaret Lacy		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rebecca W. Jones		<input type="checkbox"/>	<input checked="" type="checkbox"/>

11. Pursuant to the provisions of Sections 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 file 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.

CR2E034 (9/96)