

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

**PROFIT CORPORATION ANNUAL REPORT 1998**



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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	08/06/1958	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-0858313	
24	Country	29	Country	Applied For	
25	33815	30	33815	Not Applicable	
g. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
JONES, CHARLES DAVID 2815 AIRPORT RD LAKELAND FL 33811				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
				10. Name and Address of New Registered Agent	
				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: Charles D. Jones DATE: 1-5-98  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JONES, CHARLES DAVID		1.2 NAME		
STREET ADDRESS	2615 AIRPORT ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP	33811	
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JONES, SHIRLEY ANN		2.2 NAME		
STREET ADDRESS	103 CAPRI COURT SOUTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33587		2.4 CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LACY, JAMES R. SR		3.2 NAME		
STREET ADDRESS	2507 SOUTH GOLF VIEW DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		3.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LACY, FAY MARGARET		4.2 NAME		
STREET ADDRESS	2507 SOUTH GOLF VIEW DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		4.4 CITY-ST-ZIP	33567	
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JONES, REBECCA W		5.2 NAME		
STREET ADDRESS	2615 AIRPORT ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		5.4 CITY-ST-ZIP	33811	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Charles D. Jones DATE: 1-5-98 PHONE: 941-681-2751

CR2E034 (10/97)