

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

**CORPORATION ANNUAL REPORT 1995**

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



**APPROVED AND FILED**  
 95 MAY -1 PM 3:04  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # H90633 (9)**

1. Corporation Name  
**BARR'S EQUIPMENT SERVICE, INC.**

Principal Place of Business Mailing Address  
 1639 ACME STREET 1639 ACME STREET  
 ORLANDO FL 32805 ORLANDO FL 32805

DO NOT WRITE IN THIS SPACE.

|  |  |  |  |
|--|--|--|--|
| 3. Date Incorporated or Qualified<br><b>12/18/1985</b>   |  | 3a. Date of Last Report<br><b>04/22/1994</b> |  |
| 4. FEI Number<br><b>59-2620651</b>   |  | Applied For<br>Not Applicable                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75</b> Additional Fee Required        |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  |  | <b>\$5.00</b> May Be Added to Fees           |  |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |

|  |  |  |  |
|--|--|--|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country                    |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country   |  |
| 9. Name and Address of Current Registered Agent<br><b>BARR, GEORGE D.<br/>515 TABATHA DR<br/>OSTEEN FL 32764</b> |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reconstituting)

| 12. OFFICERS AND DIRECTORS |                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------|---|---|
| TITLE                      | DP               | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BARR, GEORGE D.  | 1.2 NAME  |   |
| STREET ADDRESS             | 1639 ACME STREET | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | ORLANDO FL       | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | VP               | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BARR, RICHARD H. | 2.2 NAME  |   |
| STREET ADDRESS             | 1639 ACME STREET | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | ORLANDO FL       | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | ST               | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BARR, PATSY B.   | 3.2 NAME  |   |
| STREET ADDRESS             | 1639 ACME STREET | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | ORLANDO FL       | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                  | 4.2 NAME  |   |
| STREET ADDRESS             |                  | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                  | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                  | 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                      |                  | 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: Richard H. Barr RICHARD H. BARR - V.P. 4-25-95 (402) 8435402  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Year)