

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northington
Secretary of State
Division of Corporations

APPROVED
AND
FILED

DOCUMENT # J30801

(1)

GRANDPA'S BARN, INC.

95 MAY 10 0410:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business ROUTE 3 BOX 172 LAKE CITY FL 32055-9443 US		2a. Mailing Address ROUTE 3 BOX 172 LAKE CITY FL 32055-9443 US		3. Date incorporated or qualified 08/28/1986	3b. Date of last report 04/29/1994
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2849393		Applied For Not Applicable	
22	27	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	28	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	29	7. This corporation has liability for intangible tax under S. 194.03, Florida Statutes. ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent HORNE, KERMIT R. ROUTE 3 BOX 172 P.O. DRAWER 2939 LAKE CITY FL 32055		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. P.O. Drawer 1727 84. City 85. State FL 32056	
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11. Pursuant to the provisions of Sections 607.02(2) and 607.14(8), 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 obligation of Sections 607.02(2) and 607.14(8), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME 2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP	PD HORNE, KERMIT R. 1-75 AT US 41 SOUTH LAKE CITY FL	1. NAME 2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP	☐ Change ☐ Add
6. NAME 7. STREET ADDRESS 8. CITY 9. STATE 10. ZIP	STD HORNE, ANNIE L. 1-75 AT US 41 SOUTH LAKE CITY FL	6. NAME 7. STREET ADDRESS 8. CITY 9. STATE 10. ZIP	☐ Change ☐ Add
11. NAME 12. STREET ADDRESS 13. CITY 14. STATE 15. ZIP		11. NAME 12. STREET ADDRESS 13. CITY 14. STATE 15. ZIP	☐ Change ☐ Add
16. NAME 17. STREET ADDRESS 18. CITY 19. STATE 20. ZIP		16. NAME 17. STREET ADDRESS 18. CITY 19. STATE 20. ZIP	☐ Change ☐ Add
21. NAME 22. STREET ADDRESS 23. CITY 24. STATE 25. ZIP		21. NAME 22. STREET ADDRESS 23. CITY 24. STATE 25. ZIP	☐ Change ☐ Add
26. NAME 27. STREET ADDRESS 28. CITY 29. STATE 30. ZIP		26. NAME 27. STREET ADDRESS 28. CITY 29. STATE 30. ZIP	☐ Change ☐ Add

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it complies with the exemption stated in Sections 194.03(1)(b) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is from actual records 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, on Block 13 or Block 14 of this report.

SIGNATURE:

Kermit R. Horne
SIGN (NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)