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Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000044333 (0)

1. Corporation Name
BARRON-WHITE, INC.



Principal Place of Business

C/O 2335 TAMiami TRAIL N
STE 501
NAPLES FL 33940
US

Mailing Address

C/O KENNETH R. COURINGTON, M.D.
2335 TAMiami TR. NORTH #501
NAPLES FL 34103-4459
US

3. Date Incorporated or Qualified
06/07/1994

3a. Date of Last Report
04/11/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

65-0500729

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COURINGTON, KENNETH R
C/O 2335 TAMiami TRAIL N
STE 501
NAPLES FL 33940

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

Signature typed or printed name of registered agent and to whom applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME COURLINGTON, KENENTH R
STREET ADDRESS C/O 2335 TAMiami TRAIL N 501
CITY-ST-ZIP NAPLES FL 33940-4459
☐ DELETE

1.1 TITLE VTS
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☒ Change ☐ Addition

TITLE VS
NAME ARWOOD, RALPH
STREET ADDRESS C/O 2335 TAMiami TRAIL N 501
CITY-ST-ZIP NAPLES FL 33940-4459
☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE T
NAME JORDAN, JACOB H
STREET ADDRESS C/O 2335 TAMiami TRAIL N 501
CITY-ST-ZIP NAPLES FL 33940-4459
☐ DELETE

3.1 TITLE P
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACOB H. JORDAN, MD

3/11/97 263-0011

Date

Daytime Phone #

CR2E084 (9/96)