

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000058208 (7)**

1. Corporation Name  
**RED BARN FLEA MARKET, INC.**



Principal Place of Business: **1707 1ST ST. EAST BRADENTON FL 34208**  
Mailing Address: **1707 1ST ST. EAST BRADENTON FL 34208**

3. Date Incorporated or Qualified: **08/05/1994**      3a. Date of Last Report: **06/06/1995**

4. FEI Number: **65-0566637**      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

2. Principal Place of Business: 21 [ ]      2a. Mailing Address: 26 [ ]

Suite, Apt. #, etc.: 22 [ ]      Suite, Apt. #, etc.: 27 [ ]

City & State: 23 [ ]      City & State: 28 [ ]

Zip: 24 [ ]      Country: 25 [ ]      Zip: 29 [ ]      Country: 30 [ ]

9. Name and Address of Current Registered Agent

**WILLIAMS, PARKER H DIETZ  
1550 RINGLING BOULEVARD  
SARASOTA FL 34230**

10. Name and Address of New Registered Agent

81 Name: [ ]  
82 Street Address (P.O. Box Number is Not Acceptable): [ ]  
83 [ ]  
84 City: [ ]      85 Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHEPARD, DANIEL O</b>	1.2 NAME	
STREET ADDRESS	<b>3622 71ST STREET EAST</b>	1.3 STREET ADDRESS	<b>3703 71ST STREET EAST</b>
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>	1.4 CITY-ST-ZIP	<b>PALMETTO, FL 34208</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STERRETT, LINDA S</b>	2.2 NAME	
STREET ADDRESS	<b>3711 70TH STREET EAST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHEPARD, MICHAEL K</b>	3.2 NAME	
STREET ADDRESS	<b>5112 14TH AVE. DRIVE WEST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<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 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: *Michael Shepard*      3-11-96      941 747-3794

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (12/95)