

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

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**May 28 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 # P96000047422 (6)**

1. Corporation Name  
**RED BARN OF SARASOTA, INC.**



Principal Place of Business Mailing Address  
**4870 S. TAMAMI TRAIL SARASOTA FL 34231**      **4870 S. TAMAMI TRAIL SARASOTA FL 34231-4352**

3. Date Incorporated or Qualified **06/05/1996**      3a. Date of Last Report  
4. FEI Number **65-0669156**      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      2a. Mailing Address  
21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.  
22 City & State      27 City & State  
23 Zip      28 Zip      Country      30 Country  
24      25      29      30

9. Name and Address of Current Registered Agent  
**HARRELL, DONALD J  
2033 MAIN STREET  
SUITE 300  
SARASOTA FL 34237**

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      Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS  
TITLE      NAME      STREET ADDRESS      CITY - ST - ZIP  
1.1 TITLE      1.2 NAME      1.3 STREET ADDRESS      1.4 CITY - ST - ZIP  
2.1 TITLE      2.2 NAME      2.3 STREET ADDRESS      2.4 CITY - ST - ZIP  
3.1 TITLE      3.2 NAME      3.3 STREET ADDRESS      3.4 CITY - ST - ZIP  
4.1 TITLE      4.2 NAME      4.3 STREET ADDRESS      4.4 CITY - ST - ZIP  
5.1 TITLE      5.2 NAME      5.3 STREET ADDRESS      5.4 CITY - ST - ZIP  
6.1 TITLE      6.2 NAME      6.3 STREET ADDRESS      6.4 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE      1.2 NAME      1.3 STREET ADDRESS      1.4 CITY - ST - ZIP  
2.1 TITLE      2.2 NAME      2.3 STREET ADDRESS      2.4 CITY - ST - ZIP  
3.1 TITLE      3.2 NAME      3.3 STREET ADDRESS      3.4 CITY - ST - ZIP  
4.1 TITLE      4.2 NAME      4.3 STREET ADDRESS      4.4 CITY - ST - ZIP  
5.1 TITLE      5.2 NAME      5.3 STREET ADDRESS      5.4 CITY - ST - ZIP  
6.1 TITLE      6.2 NAME      6.3 STREET ADDRESS      6.4 CITY - ST - ZIP

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: **Michael Quillen**      DATE: **4/21/97**      DAYTIME PHONE #: **941 923 8896**

CR2E034 (9/96)