

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:29

DOCUMENT # 209756 (6)

1. Corporation Name

BARNES & BARBER INC

Principal Place of Business

333 KING ST
COCOA FL 32922

Mailing Address

333 KING ST
COCOA FL 32922

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/12/1958

3a. Date of Last Report

06/10/1994

4. FEI Number

59-0835136

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

Suite, Apt. #, etc

22

City & State

23

Zip

24

Country

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

W.V. BARBER
333 KING STREET
COCOA FL 32922

10. Name and Address of New Registered Agent

81 Name

William V. Barber Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

333 King St.

83

84 City

Cocoa

FL

85 Zip Code
32922

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 (if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
BARBER, W VINCENT
333 KING ST
COCOA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
HULL, CARROLL E
881 DOVE AVENUE
ROCKLEDGE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
SIGNELL, CHERYL
4880 ALBANY ST
COCOA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP
BARBER JR., WILLIAM V
1225 N TROPICAL TR
MERRITT ISLAND FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

AS
ROSS, BONNIE S
7300 N US HWY #1, #101
COCOA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☒ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

President
Barber Jr., William V.
1225 N Tropical Tr.
Merritt Island, FL

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 110.07(3)(b), 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

William V. Barber Jr.

1.31.95

(407)

636-4328