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 # **319661** **(5)**

1. Corporation Name

BARRY LAND AND DEVELOPMENT COMPANY INC

Principal Place of Business	Mailing Address
WEST CENTRAL AVE ST NW 4TH ST PO BOX 129 NEWBERRY FL 32669	WEST CENTRAL AVE ST NW 4TH ST PO BOX 129 NEWBERRY FL 32669

2. Principal Place of Business	2a. Mailing Address
21 17718 SW 30 Ave	26 17718 SW 30 Ave
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Newberry FL	28 City & State: Newberry FL
24 Zip: 32669 25 Country: USA	29 Zip: 32669 30 Country: USA

3. Date Incorporated or Qualified: **08/10/1967**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-0004929** ☐ 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

BARRY, WILLIAM N., JR
WEST CENTRAL AVENUE AT N.W. 4TH STREET
NEWBERRY FL

10. Name and Address of New Registered Agent

81 Name: Robert J. Barry
82 Street Address (P.O. Box Number is Not Acceptable): 17718 SW 30 Ave
83
84 City: Newberry FL 85 Zip Code: 32669

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: Robert J Barry — DATE: March 15, 1996

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, KAY B		12 NAME	
STREET ADDRESS	3121 ORTEGA DRIVE		13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		14 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	BARRY, ROBERT J		22 NAME	
STREET ADDRESS	17718 SW 30 AVENUE		23 STREET ADDRESS	
CITY-ST-ZIP	NEWBERRY FL		24 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	BARRY, W.N. J		32 NAME	
STREET ADDRESS	WEST CENTRAL AVENUE AT NW 4 STREET		33 STREET ADDRESS	
CITY-ST-ZIP	NEWBERRY FL		34 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, THEODORE B		42 NAME	
STREET ADDRESS	3853 HERSCHEL STREET		43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 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)(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: Robert J Barry — March 15, 1996 (352) 472-6400

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

CR2E034 (12/95)