

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

FILED  
Apr 25, 1999 8:00 am  
Secretary of State

04-25-1999 90009 009 \*\*\*450.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 319661

1. Corporation Name

BARRY LAND AND DEVELOPMENT COMPANY INC

Principal Place of Business

Mailing Address

17718 SW 30 AVE  
NEWBERRY FL 32669  
US

17718 SW 30 AVE  
NEWBERRY FL 32669  
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

08/10/1967

4. FEI Number

59-0004929

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 17714 SW 30 Ave  
Suite, Apt. #, etc.

2a. Mailing Address  
26 17714 SW 30 Ave  
Suite, Apt. #, etc.

23 City & State  
Newberry FL  
24 Zip  
32669  
25 Country  
USA

28 City & State  
Newberry FL  
29 Zip  
32669  
30 Country  
USA

9. Name and Address of Current Registered Agent

BARRY, ROBERT J  
17718 SW 30 AVE  
NEWBERRY FL 32669

10. Name and Address of New Registered Agent

81 Name  
Julianne Barry  
82 Street Address (P.O. Box Number is Not Acceptable)  
17714 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 Julianne Barry 4/9/99  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	WILLIAMS, KAY B
STREET ADDRESS	3121 ORTEGA DRIVE
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	BARRY, ROBERT J
STREET ADDRESS	17718 SW 30 AVENUE
CITY-ST-ZIP	NEWBERRY FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	BARRY, W.N. J
STREET ADDRESS	WEST CENTRAL AVENUE AT NW 4 STREET
CITY-ST-ZIP	NEWBERRY FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	WILLIAMS, THEODORE B
STREET ADDRESS	3853 HERSCHEL STREET
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Williams, Theodore B
1.3 STREET ADDRESS	3853 Herschel Street
1.4 CITY-ST-ZIP	Jax FL 32205
2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Barry, Robert J
2.3 STREET ADDRESS	17718 SW 30 Ave
2.4 CITY-ST-ZIP	Newberry FL 32669
3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Burton, Williams
3.3 STREET ADDRESS	2206 Altona Dr.
3.4 CITY-ST-ZIP	Tallahassee FL 32308
4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Julianne Barry
4.3 STREET ADDRESS	17714 SW 30 Ave
4.4 CITY-ST-ZIP	Newberry FL 32669
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Julianne Barry 4/9/99 (359) 4756400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date D. yamie Phone #

CR2E034 (11/98)