FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 348914 (3)

1. Corporation Name
BAREFOOT BAY CORPORATION

Principal Place of Business
255 ALHAMBRA CIRCLE
9TH FL
CORAL GABLES FL 33134-5102

Mailing Address
255 ALHAMBRA CIRCLE
9TH FL
CORAL GABLES FL 33134-5102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/02/1969
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-1281126 — [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [X] — $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 [X] Yes [ ] No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

KERRIGAN, JUANITA I.
255 ALHAMBRA CIRCLE
9TH FL.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	METCALF, GEORGIA STOREY
STREET ADDRESS	255 ALHAMBRA CIR.
CITY-ST-ZIP	CORAL GABLES FL
TITLE	D
NAME	PREVATT, SONNIE
STREET ADDRESS	255 ALHAMBRA CIR.
CITY-ST-ZIP	CORAL GABLES FL
TITLE	VTD
NAME	MCNAIRY, CHARLES
STREET ADDRESS	255 ALHAMBRA CIR.
CITY-ST-ZIP	CORAL GABLES FL
TITLE	S
NAME	KERRIGAN, JUANITA I.
STREET ADDRESS	255 ALHAMBRA CIR.
CITY-ST-ZIP	CORAL GABLES FL
TITLE	VD
NAME	GETMAN, DENNIS J.
STREET ADDRESS	255 ALHAMBRA CIR.
CITY-ST-ZIP	CORAL GABLES FL
TITLE	D
NAME	SETTLES, G. PATRICK
STREET ADDRESS	255 ALHAMBRA CIR.
CITY-ST-ZIP	CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — [ ] Change [ ] Addition (blank entries 1–6: TITLE, NAME, STREET ADDRESS, 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(1)(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: Juanita I. Kerrigan, Secretary — JUANITA I. KERRIGAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/20/95 Date (305) 442-7000 Daytime Phone #

0141947 CP

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CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

9:48 AM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 349277 (4)

1. Corporate Name

J.T. SMITH & SON, INC.

Principal Place of Business

335 MAGNOLIA AVE SW
WINTER HAVEN FL 33880

Mailing Address

335 MAGNOLIA AVE SW
WINTER HAVEN FL 33880

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1969	3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-1265241	☐ 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 / 27
City & State — 23 / 28
Zip — 24 / 29
County — 25 / 30

9. Name and Address of Current Registered Agent

SMITH, JAMES C
335 MAGNOLIA AVE SW
WINTER HAVEN, FL
33880

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
31 TITLE	PST	41 TITLE	☐ Change ☐ Addition
32 NAME	SMITH, JAMES C	42 NAME	
33 STREET ADDRESS	1488 AVE H NE	43 STREET ADDRESS	
34 CITY ST ZIP	WINTER HAVEN, FL 00000	44 CITY ST ZIP	
35 TITLE	C	45 TITLE	☐ Change ☐ Addition
36 NAME	SMITH, JAMES C.	46 NAME	
37 STREET ADDRESS	1488 AVE H N.E.	47 STREET ADDRESS	
38 CITY ST ZIP	WINTER HAVEN FL	48 CITY ST ZIP	
39 TITLE	VD	49 TITLE	☐ Change ☐ Addition
40 NAME	SMITH, HELEN S	50 NAME	
41 STREET ADDRESS	1488 AVE H N E	51 STREET ADDRESS	
42 CITY ST ZIP	WINTER HAVEN FL	52 CITY ST ZIP	
43 TITLE		53 TITLE	☐ Change ☐ Addition
44 NAME		54 NAME	
45 STREET ADDRESS		55 STREET ADDRESS	
46 CITY ST ZIP		56 CITY ST ZIP	
47 TITLE		57 TITLE	☐ Change ☐ Addition
48 NAME		58 NAME	
49 STREET ADDRESS		59 STREET ADDRESS	
50 CITY ST ZIP		60 CITY ST ZIP	
51 TITLE		61 TITLE	☐ Change ☐ Addition
52 NAME		62 NAME	
53 STREET ADDRESS		63 STREET ADDRESS	
54 CITY ST ZIP		64 CITY ST ZIP	

14. I hereby certify that the information supplied with this filing is true, complete and accurate. 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] 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date

0314669 CP