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 # 357540 (4)

1. Corporation Name
BARKER SYRUP COMPANY INC

Principal Place of Business
P.O. BOX 387
GRACEVILLE FL 32440-0387

Mailing Address
P.O. BOX 387
GRACEVILLE FL 32440-0387

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

3. Date Incorporated or Qualified: 12/31/1969
3a. Date of Last Report: 03/10/1995
4. FEI Number: 59-1279347 ☐ 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
BARKER, LORENE P
508 8TH AVENUE EAST
GRACEVILLE FL 32440

10. Name and Address of New Registered Agent
81 Name: Burdeshaw, Patrick Gene
82 Street Address (P.O. Box Number is Not Acceptable): 5125 Peanut Road
83
84 City: Graceville FL 85 Zip Code: 32440

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: Patrick Gene Burdeshaw DATE: 1-19-95

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☑ DELETE	1.1 TITLE	President	☑ Change ☐ Addition
NAME	BARKER, LORENE		1.2 NAME	Patrick Gene Burdeshaw	
STREET ADDRESS	506 E. EIGHT AVE.		1.3 STREET ADDRESS	5125 Peanut Rd	
CITY-ST-ZIP	GRACEVILLE FL		1.4 CITY-ST-ZIP	Graceville Fl 32440	
TITLE	S	☑ DELETE	2.1 TITLE	S	☑ Change ☐ Addition
NAME	TURNER, KATHLEEN B		2.2 NAME	Julie Wilson Burdeshaw	
STREET ADDRESS	1006 MIXON ST.		2.3 STREET ADDRESS	5125 Peanut Rd	
CITY-ST-ZIP	GRACEVILLE FL		2.4 CITY-ST-ZIP	Graceville Fl 32440	
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BURDESHAW, ABBIE B		3.2 NAME		
STREET ADDRESS	505 E. SEVENTH AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	GRACEVILLE FL		3.4 CITY-ST-ZIP		
TITLE	T	☑ DELETE	4.1 TITLE	T	☑ Change ☐ Addition
NAME	BAKER, LORENE P		4.2 NAME	John Daniel Burdeshaw	
STREET ADDRESS	506 E. EIGHT AVE.		4.3 STREET ADDRESS	5121 Peanut Rd	
CITY-ST-ZIP	GRACEVILLE FL		4.4 CITY-ST-ZIP	Graceville Fl 32440	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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)(k), 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: Patrick G Burdeshaw 4-15-96 904-263-6616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)