2000 UNIFORM BUSINESS REPORT (UBR)

Feb 28, 2000 8:00 am Secretary of State **DOCUMENT # 357540** BARKER SYRUP COMPANY INC 02-28-2000 90179 015 ***150.00 Principal Place of Business Mailing Address P.O. BOX 387 5478 PATTERSON CIRCLE GRACEVILLE FL 32440-0387 **GRACEVILLE FL 32440** 000257862. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1279347 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BURDESHAW, PATRICK G Street Address (P.O. Box Number is Not Acceptable) 5125 PEANUT ROAD **GRACEVILLE FL 32440** City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 2-21-00 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Audition ☐ Delete TITLE BURDESHAW, PATRICK G NAME NAME STREET ADDRESS STREET ADDRESS 5125 PEANUT RD CITY-ST-ZIP CITY-ST-ZIP **GRACEVILLE FL** ☐ Change Addition TITLE ☐ Delete TITLE NAME BURDESHAW, JULIE W NAME STREET ADDRESS STREET ADDRESS 5125 PEANUT RD CITY-ST-ZIP CITY-ST-ZIP **GRACEVILLE FL** Change Addition Delete TITLE TITLE BURDESHAW, ABBIE B NAME -NAME STREET ADDRESS STREET ADDRESS 505 E. SEVENTH AVE. CITY-ST-ZIP CITY-ST-ZIP **GRACEVILLE FL** ☐ Change Addition ☐ Delete TITLE TITLE BURDESHAW, JOHN D NAME NAME STREET ADDRESS STREET ADDRESS 5125 PEANUT RD CITY-ST-ZIP CITY-ST-ZIP GRACEVILLE FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2-21-00

850-263-661

Daytime Phone #

FILED