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

FILED
SECRETARY OF STATE
DIVISIONS
95 MAY 26 AM 9:12

DOCUMENT # **382092** **(5)**

1. Corporation Name
BAR 3, INC.

Principal Place of Business	Mailing Address
6101 ORANGE AVE FT PIERCE FL 34947-1544	6101 ORANGE AVE FT PIERCE FL 34947-1544

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/13/1971
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 2850 S. Jenkins Road
Suite, Apt. #, etc. 22
City & State 23 Ft. Pierce, FL
Zip 24 34947 Country 25 St. Lucie

2a. Mailing Address
26 2850 S. Jenkins Road
Suite, Apt. #, etc. 27
City & State 28 Ft. Pierce, FL
Zip 29 34947 Country 30 St. Lucie

4. FEI Number: 59-1402126 ☐ 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

WILSON, RICHARD L
~~6101 ORANGE AVENUE~~ 2850 S. Jenkins Road
FT. PIERCE FL 34947

10. Name and Address of New Registered Agent

81 Name: Wilson, Richard L.
82 Street Address (P.O. Box Number is Not Acceptable): 2850 S. Jenkins Road
83
84 City: Ft. Pierce FL 85 Zip Code: 34947

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 _____ 6/1/95
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

Richard L. Wilson

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	11 TITLE	VP/D	☒ Change ☐ Addition
NAME	WILSON, RICHARD	12 NAME	Wilson, Richard	
STREET ADDRESS	6101 ORANGE AVENUE	13 STREET ADDRESS	2850 S. Jenkins Road	
CITY ST ZIP	FT. PIERCE FL	14 CITY ST ZIP	Ft. Pierce, FL 34947	
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	WILSON, TIMOTHY M.	22 NAME		
STREET ADDRESS	6101 ORANGE AVE	23 STREET ADDRESS		
CITY ST ZIP	FT PIERCE FL	24 CITY ST ZIP		
TITLE	VPD	31 TITLE	ST/D	☒ Change ☐ Addition
NAME	WILSON, JEFFERY H	32 NAME	Wilson, Jeffrey H.	
STREET ADDRESS	6101 ORANGE AVE	33 STREET ADDRESS	6101 Orange Avenue	
CITY ST ZIP	FT PIERCE FL	34 CITY ST ZIP	Ft. Pierce, FL 34947	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		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)(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: Richard L Wilson 6/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Richard L. Wilson

0382051 CP