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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 496570

(3)

| BARBER | ELECTRONICS, INC. | | | | |
|--|--|--|--|--|--|
| Principal Place | of Business | Mailing Address | | 4 100111 81049 10110 61181 6184 10011 6011 | EIDIN DIDIN DIDIN DIRKA DIDIN ANTIN 1881 |
| 3801 APALACHEE PARKWAY TALLAHASSEE FL 32311 | | 3801 APALACHEE PARKW TALLAHASSEE FL 32311- | | | |
| | | | | 3. Date Incorporated or Qualified 02/13/1976 | 3a. Date of Last Report 04/11/1996 |
| 2. Principa! Pl | ace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 59-1655244 | Not Applicable |
| Suite, Apt 4 | #. etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State |) | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be |
| 23 | Country | 28 Zip | Country | B. This corporation has liability for in | |
| 24 | 25 | 29 | 30 | | Yes No |
| | 9. Name and Address of Currer | nt Registered Agent | 81 Name | 10. Name and Address of New Reg | Istered Agent |
| 3801 | BER, WILLIAM I. 1 APALACHEE PARKWAY LAHASSEE FL | | 82 Street Addi 83 84 City | ess (P.O. Box Number is Not Acceptabl | BE Zin Code |
| | | | | | |
| SIGNATURE | Signature, typico or printed name of registered age OFFICERS AN | ant and too it applicable (NO) | E Registered Agent signature regul | oration submits this statement for the price of the price | DATE ERS AND DIRECTORS IN 12 |
| TIME | PD | ☐ DELETE | 1.1 TITLE | | Change Addition |
| NAME | BARBER, WILLIAM I | | 1.2 NAME | | |
| STREET ADDRESS | 3801 APALACHEE PKWY TALLAHASSEE FL | | 1.3 STREET ADDRESS | | |
| C-TY-ST-78P TOLE | STD | DELETE | 1.4 CITY - ST - ZIP 2.1 TITLE | | Change Addition |
| NAME | BARBER, LORRAINE S | | 2 2 NAME | | |
| STREET ADDRESS | 3801 APALACHEE PKWY | | 2 3 STREET ADDRESS | | |
| City+ST-ZiP | TALLAHASSEE FL | | 2. 4 City-St-Zip | | |
| וויד | | L DELETE | 3.1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS. | | | 3.3 STREET ADDRESS | • | |
| CITY - ST - ZIP TIDLE | | ☐ DELETE | 3.4. CITY-ST-ZIP 4.1 TITLE | | Change Addition |
| NAME | | | 4, 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY - ST - ZiP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-7F | | | 5.4 CITY-ST-ZIP | | |
| THILE | | L DELETE | 61 TITLE | | . Change Addition |
| NAMÉ | | | 62 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| 14. Ldo heret | iv certify that the information sumplie | d with this filing does not guet | fy for the exemption stated | d in Section 119.07(3)(i), Florida Statutes | i further certify that the |
| information Larrian of | n indicated on this armual report or a | supplemental annual report is the receiver or trustee empoy | rue and accurate and that vered to execute this repor | I my signature shall have the same legal it as required by Chapter 607, Florida Si | effect as if made under oath; that |

SIGNATURE: Your S. Barley 104 to S. Tay bex 2/24/97 (904) 877-4653

none #

FILED

Mar 04 1997 8:00am

Secretary of State