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
FILED
FLORIDA

DOCUMENT # 532699 (6)

1. Corporation Name
BARBARA B. POWER, INC.

Principal Place of Business
4630 WEST KENNEDY BOULEVARD
SUITE 665
TAMPA FL 33609
US

Mailing Address
POST OFFICE BOX 23805
TAMPA FL 33623-3805
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 1111 N. Westshore Blvd.	2a. Mailing Address: 26 Post Office Box 23805	3. Date Incorporated or Qualified: 05/01/1977	3a. Date of Last Report: 08/25/1994
Suite, Apt. #, etc.: 22 Suite 311	Suite, Apt. #, etc.: 27	4. FEI Number: 59-1741935	Applied For / Not Applicable
City & State: 23 Tampa, Florida 33607	City & State: 28 Tampa, Florida	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip: 24 33607 / Country: 25 U.S.A.	Zip: 29 33623-3805 / Country: 30 U.S.A.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No	

9. Name and Address of Current Registered Agent

~~BATTISTA, MADELYNN~~
~~5220 SOUTH RUSSELL STREET~~
~~SUITE 38~~
~~TAMPA FL 33611~~

10. Name and Address of New Registered Agent

81 Name: Madelynn Battista
82 Street Address (P.O. Box Number is Not Acceptable): 1111 N. Westshore Blvd.
83 Suite 311
84 City: Tampa 85 FL Zip Code: 33607

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 ~~[signature]~~ Madelynn Battista ~~February 7, 1995~~ 4/27/95
SIGNATURE OF REGISTERED AGENT / DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	S/D ☒ Change ☐ Addition
NAME	BATTISTA, MADELYNN	1. NAME	Battista, Madelynn
STREET ADDRESS	5220 SOUTH RUSSELL STREET, SUITE 38	1. STREET ADDRESS	Post Office Box 23805
CITY-ST-ZIP	TAMPA FL	1. CITY-ST-ZIP	Tampa, Florida 33623-3805
TITLE	SD	2. TITLE	P/D ☒ Change ☐ Addition
NAME	WALDROP, ROBERT	2. NAME	Morales, Richard
STREET ADDRESS	POST OFFICE BOX 3374 N/A	2. STREET ADDRESS	Route 3, Box 37H
CITY-ST-ZIP	TAMPA FL	2. CITY-ST-ZIP	Liberty Hill, Texas 78642
TITLE		3. TITLE	☐ Change ☐ Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY-ST-ZIP		3. CITY-ST-ZIP	
TITLE		4. TITLE	☐ Change ☐ Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY-ST-ZIP		4. CITY-ST-ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY-ST-ZIP		5. CITY-ST-ZIP	
TITLE		6. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY-ST-ZIP		6. 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)(i), Florida Statutes. I further certify that the information indicated on the 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: Madelynn Battista 4-5-95 813-288-0617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

0443742 FP