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 # **553952** **(3)**

1. Corporation Name

BARRON INTERNATIONAL SALES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 3487 VERO BEACH FL 32964	P.O. BOX 3487 VERO BEACH FL 32964

3. Date Incorporated or Qualified: **10/05/1977**

3a. Date of Last Report: **04/25/1995**

4. FEI Number: **59-1771128** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / 24 — County / 25	Zip / 29 — County / 30

9. Name and Address of Current Registered Agent

LINDGREN, CARL J., JR.
551 CYPRESS ROAD
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City **FL** 85 Zip Code

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. Said 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	LAUTH, CHRISTINA L		1.2 NAME		
STREET ADDRESS	665 CYPRESS ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32963		1.4 CITY-ST-ZIP		
TITLE	PTSD	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	LINDGREN JR, CARL J		2.2 NAME		
STREET ADDRESS	551 CYPRESS ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32963		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME	LINDGREN, CARL J III		3.2 NAME		
STREET ADDRESS	831 WILKINSON STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME	LINDGREN, JOHN D.		4.2 NAME		
STREET ADDRESS	11321 TRALEE DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME	LINDGREN, PRISCILLA M.		5.2 NAME		
STREET ADDRESS	551 CYPRESS ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32063		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		

CR2E034 (12/95)

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 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 added above or on an attached sheet with an address.

SIGNATURE: Carl J. Lindgren Jr. 4/8/96 (407)234-1153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Carl J. Lindgren Jr.