2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 607765 Mar 30, 2000 8:00 am 1. Entity Name **Secretary of State** R.L. BARNES CO., INC. 03-30-2000 90005 039 ***150.00 Mailing Address Principal Place of Business 1590 N LAKESHIPP DRIVE SW 3353 HWY 92 EAST LAKELAMP FL 33801 WINTER HAVEN FL 33880-2732 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-1884630 Not Applicable \$8.75 Additional Country 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 Name BARNES, LIZ P Street Address (P.O. Box Number is Not Acceptable) 1590 NO LAKE SHIPP DR WINTER HAVEN FL 33880 Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 ☐ Addition TITLE ☐ Delete TITLE BARNES, ROBERT L NAME NAME 1590 N LAKE SHIPP DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL ☐ Addition Delete Change TITLE TITLE BARNES, LIZ P NAME 1590 N LAKESHIPP DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL Change Addition Delete TITLE TITLE JESSOP, LINDA M NAME NAME STREET ADDRESS 1119 BURRISRIDGE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL [] Change Addition ☐ Delete TITLE MCNAIR, HUBERT NAME STREET ADDRESS STREET ADDRESS 2588 SUN ACRES BLVD CITY-ST-ZIP CITY-ST-ZIP AUBURNDALE FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP