

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

FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **654689** (9)

1. Corporation Name

**ROBERT S. BARBER, INC.**

Principal Place of Business

Mailing Address

**17980 BERMUDA DUNES DR  
FORT MYERS FL 33912  
US**

**17980 BERMUDA DUNES DR  
FORT MYERS FL 33912-5474  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 <b>21550 RIVER RANCH RD</b>		26 <b>21550 RIVER RANCH RD</b>		02/04/1980	04/02/1996
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
				59-1975564	Not Applicable
23 City & State		28 City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 <b>ESTERO, FL</b>		28 <b>ESTERO, FL</b>		<input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	Country	29 Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24 <b>33928</b>	<b>USA</b>	29 <b>33928</b>	<b>USA</b>	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
BARBER, ROBERT S 17980 BERMUDA DUNES DR FORT MYERS FL 33912				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent					
81 Name				ROBERT S BARBER	
82 Street Address (P.O. Box Number is Not Acceptable)				21550 RIVER RANCH RD	
83					
84 City				FL	85 Zip Code
LESTERO				FL	33928

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER, ROBERT S	1.2 NAME	
STREET ADDRESS	17980 BERMUDA DUNES DR	1.3 STREET ADDRESS	21550 RIVER RANCH RD
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-ST-ZIP	ESTERO, FL 33928
TITLE	STV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER, SANDRA K	2.2 NAME	
STREET ADDRESS	17980 BERMUDA DUNES DR	2.3 STREET ADDRESS	21550 RIVER RANCH RD
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	ESTERO, FL 33928
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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:

  
ROBERT S. BARBER - PRESIDENT

4-24-97 (941-947-0077)

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CR2E034 (9/96)