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May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F65071** **(5)**

1. Corporation Name
BARNETT INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
13447 BYRD DR P O BOX 934 ODESSA FL 33556 US	13447 BYRD DRIVE P O BOX 934 ODESSA FL 33556-0934 US

3. Date Incorporated or Qualified: 01/21/1982
3a. Date of Last Report: 05/01/1996

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

4. FEI Number: 59-2217488 ☐ 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

9. Name and Address of Current Registered Agent

RADICS JR, MICHAEL J.
13447 BYRD DR
ODESSA FL 33558

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is 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. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	BARNETT, BERNARD T		12 NAME	
STREET ADDRESS	ETTINGSHALL RD		13 STREET ADDRESS	
CITY-ST-ZIP	MIDLANDS, ENGLAND		14 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	RADICS, MICHAEL J JR		22 NAME	
STREET ADDRESS	13447 BYRD DR.		23 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL		24 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	BYBEE, MARK T.		32 NAME	
STREET ADDRESS	13447 BYRD DR.		33 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL		34 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	HOULLIS, MICHAEL N.		42 NAME	
STREET ADDRESS	13447 BYRD DR.		43 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL		44 CITY-ST-ZIP	
TITLE	D	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	OLANOW, E. WARREN		52 NAME	
STREET ADDRESS	1207 PARILLA DE AVILA		53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (9/96)

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: _____ 5-23-97 813-920-3241