

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 15 AM 10:48

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G23059

(0)

1. Corporation Name

THE JACK BARBER COMPANY

Principal Place of Business

% JOHN H. BARBER
3440 E LAKE RD STE 114
PALM HBR FL 34685

Mailing Address

% JOHN H. BARBER
3440 E LAKE RD STE 114
PALM HBR FL 34685

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/08/1983

3a. Date of Last Report
03/22/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-2292059

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. 19A 032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARBER, JOHN H.
3440 E LAKE RD STE 114
PALM HBR FL 34685

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

Signature, typed or printed name of registered agent and Florida address

Signature, typed or printed name of registered agent and Florida address

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PST
BARBER, JOHN H.
4929 POINTE CIRCLE
OLDSMAR FL

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

☐ Change ☒ Addition

34677

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY - ST - ZIP

☐ Change ☐ Addition

[Signature]

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.051, 119.051, 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 119, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature] JOHN H. BARBER
MONITOR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/95

(813) 289-6300