

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

FILED
Feb 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **G43424**

(2)

1. Corporation Name

BARNES OF AMERICA, INC.

Principal Place of Business

**10201 NE 232 ST RD.
P.O. BOX 203
ORANGE SPRINGS FL 32182-7203**

Mailing Address

**10201 NE 232 ST RD.
P.O. BOX 203
ORANGE SPRINGS FL 32182-7203**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1983

4. FEI Number

59-2355771

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

**COLLINS, PATRICIA ANN
10201 NE 232 ST RD.
ORANGE SPRINGS FL 32182**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DTS	<input type="checkbox"/> DELETE
NAME	COLLINS, PATRICIA	
STREET ADDRESS	NE 233 ST RD OFF HWY 318	
CITY - ST - ZIP	ORANGE SPRINGS FL 32182	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	COLLINS, RONALD CONKLIN	
STREET ADDRESS	NE 233 ST RD OFF HWY 318	
CITY - ST - ZIP	ORANGE SPRINGS FL 32182	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COLLINS, RANDALL CONKLIN	
STREET ADDRESS	23202 NE 103 AVE.	
CITY - ST - ZIP	ORANGE SPRINGS FL 32182	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	COLLINS, RUSSELL CONKLIN	
STREET ADDRESS	23202 NE 103 AVE.	
CITY - ST - ZIP	ORANGE SPRINGS FL 32182	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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 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:

Patricia Collins

PATRICIA COLLINS

2-7-98 352-5465411

CR2E034 (10/97)