


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

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Apr 09 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 # G53313 (4)					
1. Corporation Name BARKER-GRANT, INCORPORATED					
Principal Place of Business DBA KEY WEST EXPRESSIONS 1900 N. 13TH ST. TAMPA FL 33605 US			Mailing Address 14430 REUTER STRASSE CIR#3 TAMPA FL 33613-3030		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/09/1983	
21		26		3a. Date of Last Report 04/30/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2328096	
22		27		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	
9. Name and Address of Current Registered Agent BARKER-GRANT, SHARON 14430 REUTER STRASSE CIRCLE #3 TAMPA			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: <i>Sharon Barker Grant</i> Sharon Barker Grant 4.2.97 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
NAME PST BARKER-GRANT, SHARON					
STREET ADDRESS 14430 REUTER STRASSE #3					
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2. 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: <i>Sharon Barker Grant</i> Sharon Barker Grant 4.2.97 813.248.1782 <small>Signature typed or printed name of signing officer or director Date Daytime Phone #</small>					



CR2E034 (9/96)