

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # G75169

(4)

1. Corporation Name

D.E. BARNES, INC.

Principal Place of Business

C/O DALTON E. BARNES  
P. O. BOX 5810  
MARIANNA FL 32447

Mailing Address

C/O DALTON E. BARNES  
P. O. BOX 5810  
MARIANNA FL 32447

APPROVED  
AND  
FILED

1996 DEC 12 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|                                |  |                        |  |  |  |   |  |
|--------------------------------|--|------------------------|--|--|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified  |  | 3a. Date of Last Report   |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 12/20/1983   |  | 03/08/1995  |  |
| 22 City & State                |  | 27 City & State        |  | 4. FEI Number  |  | Applied For   |  |
| 23 Zip                         |  | 28 Zip                 |  | 59-2360315   |  | Not Applicable  |  |
| 24 Country                     |  | 29 Country             |  | 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 193.032, Florida Statutes |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

BARNES, DALTON E.  
503 E. JACKSON STREET  
MARIANNA FL 32446

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number Is Not Acceptable) |             |
| 83  |             |
| 84 City   | FL          |

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           | D                     | <input type="checkbox"/> DELETE |
| NAME            | BARNES, DALTON E.     |                                 |
| STREET ADDRESS  | 503 E. JACKSON STREET |                                 |
| CITY - ST - ZIP | MARIANNA FL           |                                 |
| TITLE           | STD                   | <input type="checkbox"/> DELETE |
| NAME            | BARNES, MARY SUE      |                                 |
| STREET ADDRESS  | 503 E JACKSON ST      |                                 |
| CITY - ST - ZIP | MARIANNA FL           |                                 |
| TITLE           |                       | <input type="checkbox"/> DELETE |
| NAME            |                       |                                 |
| STREET ADDRESS  |                       |                                 |
| CITY - ST - ZIP |                       |                                 |
| 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 |   |

REINSTATEMENT

800002035588--1  
-12/20/96--01108--015  
\*\*\*375.00 \*\*\*375.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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:

*D. E. Barnes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-15-96

Date

904-526-3813

Daytime Phone #

CR2E034 (12/95)