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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Apr 23 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H21960

(0)

BARBER	TEMPLE ORANGE CO.,	INC.			HAN ANN ANN ANN ANN ANN
Principal Place of Business P O BOX 7480 CLEARWATER FL 34618-4480		Mailing Address P O BOX 7480 CLEARWATER FL 34618-7 US	480	{	ROM OROM OROM DIER ENDRO DIEM TODA
				Date Incorporated or Qualified 09/20/1984	3s. Date of Last Report 04/19/1996
2. Principal Pl	ace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
21		26		59-2450931	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	**************************************	27			Fee Required
City & State	1	City & State		6. Election Campaign Financing	\$5.00 May Be
23] Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24 Zip	25	29	30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No
	9. Name and Address of Curr		1301	10. Name and Address of New Reg	
RAR	BER, GLENN L.		81 Name		
	N. LINCOLN AVE.		88 01	10.0	
CLEARWATER FL 34615			82 Street Add	ess (P.O. Box Number is Not Acceptable	θ)
744			83		
			84 City		leel 2's Code
			""		FL 85 Zip Code
11. Pursuant I office or re agent I ar	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obt	502 and 607.1508, Florida Statute of Florida. Such change was igations of, Section 607.0505, F	ites, the above-named corp authorized by the corporal forida Statutes.	oration submits this statement for the pricion's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
SIGNATURE	Signature, typod or printed name of registered	agent and title if applicable (NO	TE. Registered Agent signature requi	and when rainelation)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BARBER, GLENN L.		1.2 NAME		
STREET ADORESS	417 LINCOLN AVE N		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP		
TITLE	VD	DELETE	2.1 TITLE		Change Addition
NAME	BARBER, SHIRLEY M.		2.2 NAME		
STREET ADDRESS	607 S GLENWOOD AVE		2.3 STREET ADDRESS		
CITY - ST - ZIF	CLEARWATER FL		2.4 CITY - ST - ZIP		······································
TITLE	STD	☐ DELETE	3.1 TITLE		Change Addition
NAME	BARBER, KIM		3.2 NAME		
STREET ADORESS	417 LINCOLN AVE N CLEARWATER FL		3.3 STREET ADDRESS		
CHY-ST-ZIP TITLE	ULEANITATEN FL	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		better	4.7 THE		Ci Amuño Ci Voditión i
STREEL ADORESS			4.3 STREET ADDRESS		
CITY ST-ZIF			4.4 CITY-ST-ZIP		
TITLE	N	DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		_ , _
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-2IF			5.4 CITY-ST-ZIP		
TOLE		☐ D£LETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET AUDITESS			6.3 STREET ADDRESS		
CITY - ST - ZIP	11 TTO 1 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		6.4 CITY - S1 - ZIP		
informatio Lam an ol	o undicated on this annual report o	 supplemental annual report is or the receiver or trustee empor 	true and accurate and that wered to execute this report	d in Section 119.07(3)(i), Florida Statutes my signature shall have the same legal t as required by Chapter 607, Florida St	effect on it made under eath: that I

Glenn L. Barber