SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 31 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H26976** (1)

1. Corporation Name

BARRY JONES TRAINING SCHOOLS, INC.

Principal Place of Business	Mailing Address
2050-16TH STREET N. POST OFFICE BOX 7699 ST. PETERSBURG FL 33734	2050-16TH STREET N. POST OFFICE BOX 7699 ST. PETERSBURG FL 33734

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/24/1984
3a. Date of Last Report: 11/07/1994

2. Principal Place of Business 21 900 - 46 AVENUE N	2a. Mailing Address 26 P.O. Box 7699	4. FEI Number 59-2643384	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 St. Petersburg FL	City & State 28 St. Petersburg FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 33703 / 25 USA	Zip / Country 29 33734 / 30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MATHISON-JONES, PATRICIA 900 46 AVE. N. ST. PETERSBURG FL 33734	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 _____ DATE
Typed or typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	JONES, BARRY O	12 NAME	
STREET ADDRESS	900 46 AVE. N.	13 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL 33734	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MATHISON, LAURA C	22 NAME	
STREET ADDRESS	1441 BRANDYWINE RD. #1100 C	23 STREET ADDRESS	
CITY ST ZIP	WEST PALM BEACH FL 33409	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MATHISON, AIMRE L	32 NAME	
STREET ADDRESS	1550 SOUTH DALE MABRY #1521	33 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33611	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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: _____ 7/26/95 813-894-2116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR AUTHORIZATION — Date — Daytime Phone #

0158167 FP