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

SIGNATURE:

Apr 16 1998 8:00am CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (3) J22174 GARY W. BARRICK, P.A. Principal Place of Business Mailing Address 5410 S FLORIDA AVE 5410 S FLORIDA AVE SUITE 1 SUITE 1 DO NOT WRITE IN THIS SPACE LAKELAND FL 33813 LAKELAND FL 33813 3. Date Incorporated or Qualified 06/30/1986 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-2688785 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes Yes 29 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name BARRICK, GARY W. 5410 S. FLORIDA AVE. **B2** Street Address (P.O. Box Number is Not Acceptable) **LAKELAND FL 33803** 83 84 City Zip Code 85 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 alignature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE Change Addition NAME BARRICK, GARY W. 1.2 NAME 5410 S FLORIDA AVE, STE 1 STREET ADDRESS 1.3 STREET ADDRESS LAKELAND FL CITY-S1-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS **3 3 STREET ADDRESS** 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ☐ Addition 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 4. Thereby certify that the Information supplied with this filling 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 or an attachment with an address

FLORIDA DEPARTMENT OF STATE

**FILED** 

941-646-245