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Feb 06 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 # J39409 (4)

1. Corporate Name

R & H ENTERPRISES, CARLA'S, THE BARN, INC.

Principal Place of Business

HWY.16 WEST  
P.O. BOX 296  
STARKE FL 32091

Mailing Address

HWY.16 WEST  
P.O. BOX 296  
STARKE FL 32091-0296

2. Principal Place of Business

21 HWY 16 - WEST  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 296  
Suite, Apt. #, etc.

City & State

23 STARKE FL  
Zip Country  
24 32091 25 BRADFORD

City & State

28 STARKE FL  
Zip Country  
29 32091 30 BRADFORD

9. Name and Address of Current Registered Agent

CARLA L. HAWTHORNE  
HWY 16 WEST, P.O. BOX 296  
STARKE FL 32091

3. Date Incorporated or Qualified

10/27/1986

3a. Date of Last Report

07/08/1996

4. FEI Number

59-2720810

Applied For

Not Applicable

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. 199.032,  
Florida Statutes

Yes No

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 aware with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Carla L Hawthorne*  
(NOTE: Registered Agent signature required when reinstating)

1-30-97  
DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME HAWTHORNE, CARLA L.  
STREET ADDRESS HWY 16 WEST, P.O. BOX 296 NA  
CITY - ST - ZIP STARKE FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. 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: *Carla L Hawthorne* 1-30-97 904-964-4050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)