

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J62948

(1)

To: Corporation Name

BARROW'S CARPENTRY INC

DO NOT WRITE IN THIS SPACE

3. Date incorporated or created 03/25/1987	3a. Date of last report 03/21/1994
4. FIC Number 59-2782782	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
7. This corporation has liability for information under § 190.005, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. # etc.	26. Suite, Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BARROWS, RONALD G 5935 HENSEL RD PORT ORANGE FL 32127		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 607.0507 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 of Registered Agent (Required Agent and FIC Number)

Signature of Registered Agent (Required Agent and FIC Number)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	P	1.1 TITLE	☐ Change ☐ Addition
2. NAME	BARROW, RONALD G.	1.2 NAME	
3. STREET ADDRESS	5935 HENSEL RD.	1.3 STREET ADDRESS	
4. CITY, ST, ZIP	PORT ORANGE FL	1.4 CITY, ST, ZIP	
5. TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
6. NAME	BARROW, RONALD G.	2.2 NAME	
7. STREET ADDRESS	5935 HENSEL ROAD	2.3 STREET ADDRESS	
8. CITY, ST, ZIP	PORT ORANGE FL	2.4 CITY, ST, ZIP	
9. TITLE	S	3.1 TITLE	☐ Change ☐ Addition
10. NAME	STRONG, JAMES	3.2 NAME	
11. STREET ADDRESS	5580 SO NOVA RD	3.3 STREET ADDRESS	
12. CITY, ST, ZIP	DAYTONA BCH FL	3.4 CITY, ST, ZIP	
13. TITLE		4.1 TITLE	☐ Change ☐ Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY, ST, ZIP		4.4 CITY, ST, ZIP	
17. TITLE		5.1 TITLE	☐ Change ☐ Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY, ST, ZIP		5.4 CITY, ST, ZIP	
21. TITLE		6.1 TITLE	☐ Change ☐ Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Law 1997-0394, Florida Statutes. I further certify that the information submitted 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 owner or business empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1.1, or Block 1.2, or on an attachment with an address.

SIGNATURE:

Ronald G. Barrow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 1995
DATE

756-4070
TELEPHONE #