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

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J62948

(1)

BARROW'S CARPENTRY INC

Principal Place of Business Mailing Address C/O JAMES STRONG C/O JAMES STRONG 5935 HENSEL ROAD 5935 HENSEL ROAD PORT ORANGE FL 32127-5812 PORT ORANGE FL 32127-5812 3. Date Incorporated or Qualified 3a. Date of Last Report 03/25/1987 05/01/1996 2. Principal Prace of Business 2a. Mailing Address Applied For 4. FEI Number 59-2782782 21 26 Not Applicable Suito, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 2ϖ Country Zip Country This corporation has liability for intagerble tax under s. 199.032, Florida Statutes Statutes No ☐ No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BARROWS, RONALD G 5935 HENSEL RD 82 Street Address (P.O. Box Number is Not Acceptable) PORT ORANGE FL 32127 83 84 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 Signature (great or printed name of registored agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1 1 TITLE Change Addition TIFLE BARROW, RONALD G. 1.2 NAME NAME 5935 HENSEL RD. 1.3 STREET ADDRESS STREET ADDRESS PORT ORANGE FL 1.4 CITY-ST-ZIP CITY - ST-- ZIE DELETE Change Addition TITLE 2.1 TITLE VP BARROW, RONALD G. 2.2 NAME NAME 5935 HENSEL ROAD STREET ADDRESS 2.3 STREET ADDRESS DITY-ST-7/P PORT ORANGE FL 2. 4 CITY - ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAM? STRONG, JAMES 3.2 NAME 5560 SO NOVA RD 3.3 STREET ADDRESS STREET ADDRESS DAYTONA BCH FL CITY - ST 34. CITY-ST-ZIP DELETE 41 TITLE Change Addition THEF NAM! 4.2 NAME 4.3 STREET ADDRESS STREET AUDRESS 4.4 CITY-ST-ZIP CITY- \$1-20 DELETE 5.1 TITLE Change ☐ Addition THILE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS City - \$1 - 7IP 5.4 CITY-ST-ZIP DELETE Addition Change THE 6.1 TITLE NAME 6.2 NAME

63 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 if some signature shall have if some signatures and that my signature shall have if some signatures and that my signature shall have if some signatures and that my signature shall have if some signatures and that my signature shall have if some signatures and that my name.

SIGNATURE:

STREET ADDRESS 017Y-\$1-70P

> THOUNED TURE AND VIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

0023306

(96/6)

FILED

Mar 06 1997 8:00am

Secretary of State