

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

FILED
Feb 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J65451 (3)

1. Corporation Name

FARNER, BARLEY AND ASSOCIATES, INC.

Principal Place of Business

350 NORTH SINCLAIR AVENUE
TAVARES FL 32778

Mailing Address

350 NORTH SINCLAIR AVENUE
TAVARES FL 32778

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1987

4. FEI Number

59-2788882

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUMMERS, GARY L.

380 WEST ALFRED STREET
TAVARES FL 32778

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 607.0802 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 607.0605, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FARNER, ROBERT E.
STREET ADDRESS P O BOX 690
CITY- ST- ZIP TAVARES FL

☐ DELETE

TITLE VD
NAME BARLEY, WILLIAM S.
STREET ADDRESS 2144 MAPLES LANE
CITY- ST- ZIP FRUITLAND PARK FL

☐ DELETE

TITLE SD
NAME FARNER, ROBERT E.
STREET ADDRESS P O BOX 690
CITY- ST- ZIP TAVARES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE President
12 NAME FARNER, Robert E.
13 STREET ADDRESS 41515 Silver Drive
14 CITY- ST- ZIP Umatilla, FL 32784

☐ Change ☒ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

☐ Change ☐ Addition

31 TITLE Secretary
32 NAME FARNER, Robert E.
33 STREET ADDRESS 41515 Silver Drive
34 CITY- ST- ZIP Umatilla, FL 32784

☐ Change ☒ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

☐ Change ☐ Addition

14. I 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

William S. Barley

1/26/98 352-348-8401

CR2E034 (10/97)