

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 17 AM 11:37

DOCUMENT # J76686

(1)

1. Corporation Name

FRANK BARNETT & CO., INC.

Principal Place of Business

Mailing Address

**P O BOX 041
SUITE A
WILLISTON FL 32696**

**P O BOX 041
SUITE A
WILLISTON FL 32696**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1987

3a. Date of Last Report

02/09/1994

4. FEI Number

59-3032288

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

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARNETT, FRANK S.
COUNTY ROAD #316
WILLISTON FL 32696**

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

SIGNATURE

(Signature of individual or printed name of registered agent and title of corporation)

(Signature of Registered Agent (signature required when registered))

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**PVS
BARNETT, FRANK S.
COUNTY ROAD #316
WILLISTON, FL 32696**

11 TITLE

☐ Change ☐ Addition

NAME

12 NAME

STREET ADDRESS

13 STREET ADDRESS

CITY, ST, ZIP

14 CITY, ST, ZIP

TITLE

**TD
BARNETT, FRANK S.
COUNTY ROAD #316
WILLISTON FL**

21 TITLE

☐ Change ☐ Addition

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY, ST, ZIP

24 CITY, ST, ZIP

TITLE

**TD
BARNETT, FRANK S.
COUNTY ROAD #316
WILLISTON FL**

31 TITLE

☐ Change ☐ Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY, ST, ZIP

34 CITY, ST, ZIP

TITLE

**TD
BARNETT, FRANK S.
COUNTY ROAD #316
WILLISTON FL**

41 TITLE

☐ Change ☐ Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY, ST, ZIP

44 CITY, ST, ZIP

TITLE

**TD
BARNETT, FRANK S.
COUNTY ROAD #316
WILLISTON FL**

51 TITLE

☐ Change ☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY, ST, ZIP

54 CITY, ST, ZIP

TITLE

**TD
BARNETT, FRANK S.
COUNTY ROAD #316
WILLISTON FL**

61 TITLE

☐ Change ☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY, ST, ZIP

64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), 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 407, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

FRANK BARNETT

FRANK BARNETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/95

Date

904 528-2713

Telephone (Area #)