

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mothman Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K45483** (0)

1. Corporation Name
BARNES & BARBRA INC.

Principal Place of Business 3820 HWY 17-92 SANFORD FL 32773	Mailing Address 3820 HWY 17-92 SANFORD FL 32773-8184
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2. Principal Place of Business 21 101 N. Country Club Rd		2a. Mailing Address 26 101 N. Country Club Rd		3. Date Incorporated or Qualified 11/15/1988	3a. Date of Last Report 04/10/1996
Suite, Apt. #, etc. 22 Suite 126		Suite, Apt. #, etc. 27 Suite 126		4. FEI Number 59-2954212	Applied For <input type="checkbox"/> Not Applicable
City & State 23 Lake Mary, FL 32746		City & State 28 Lake Mary, FL 32746-3249		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32746		Zip 29 32746		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 Sem		Country 30 Sem		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BARNES, BARBRA
430 W. CRYSTAL DR
SANFORD FL 32773

10. Name and Address of New Registered Agent

81 Name Ken Barber
82 Street Address (P.O. Box Number is Not Acceptable) 101 N. Country Club Rd Suite 126
83 City Lake Mary, FL 32746-3249
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: *Ken Barber*

(NOTE: Registered Agent signature required when reinstating)

DATE: **4/21/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PST	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARNES, BARBRA		1.2 NAME	
STREET ADDRESS 430 W CRYSTAL DR		1.3 STREET ADDRESS	
CITY - ST - ZIP SANFORD FL 32773		1.4 CITY - ST - ZIP	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARNES, BARBRA		2.2 NAME	
STREET ADDRESS 102 CNTRY CLUB DR		2.3 STREET ADDRESS	
CITY - ST - ZIP SANFORD FL		2.4 CITY - ST - ZIP	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARBER, KENNETH		3.2 NAME	President
STREET ADDRESS 430 W CRYSTAL DR		3.3 STREET ADDRESS	
CITY - ST - ZIP SANFORD FL		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Ken Barber* **SIGNATURE REQUIRED**

DATE: **4/8/97** DAYTIME PHONE: **407-322-9411**

CR2E034 (9/96)