FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # K46739 (4)

1. Corporation Name:

THE BARKEL AGENCY INC.

Principal Place of Business

% BARBARA WOODRING
680 SAN SALVADOR DR
DUNEDIN FL 34698

Mailing Address

% BARBARA WOODRING
680 SAN SALVADOR DR
DUNEDIN FL 34698

3. Date Incorporated or Qualified 11/17/1988	**3a.** Date of Last Report 05/01/1995

4. FEI Number 59-2921503 — Applied For / Not Applicable

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

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

9. Name and Address of Current Registered Agent

WOODRING, BARBARA
680 SAN SALVADOR DR
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

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 _____ DATE _____

12. OFFICERS AND DIRECTORS | **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	D	☐ DELETE	1.1 TITLE · ☐ Change ☐ Addition
NAME	WOODRING, BARBARA		1.2 NAME
STREET ADDRESS	680 SAN SALVADOR DR		1.3 STREET ADDRESS
CITY-ST-ZIP	DUNEDIN FL		1.4 CITY-ST-ZIP
TITLE		☐ DELETE	2.1 TITLE · ☐ Change ☐ Addition
NAME			2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE		☐ DELETE	3.1 TITLE · ☐ Change ☐ Addition
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		☐ DELETE	4.1 TITLE · ☐ Change ☐ Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		☐ DELETE	5.1 TITLE · ☐ Change ☐ Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE · ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _Barbara Woodring_ BARBARA WOODRWG 5/2/96 813-733-3004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)