

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K76223** (2)

1. Corporation Name
BARBARA A. PERKINS, INC.



Principal Place of Business: **13406 HYACINTH TERRACE BAYONET POINT FL 34667**
Mailing Address: **13406 HYACINTH TERRACE BAYONET POINT FL 34667**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. State, Apt. #, etc.	26. State, Apt. #, etc.	03/20/1989	01/25/1995
22. City & State	27. City & State	4. F.E. Number	Applied For
23. Zip	28. Zip	59-2939923	Not Applicable
24. Country	29. Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**PERKINS, BARBARA A.
13406 HYACINTH TERRACE
BAYONET POINT FL 34667**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0602 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE	1. NAME: PERKINS, BARBARA A.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	2. STREET ADDRESS: 13406 HYACINTH TERRACE		
	3. CITY-STATE-ZIP: BAYONET POINT FL		
<input type="checkbox"/> DELETE	4. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	5. STREET ADDRESS:		
	6. CITY-STATE-ZIP:		
<input type="checkbox"/> DELETE	7. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	8. STREET ADDRESS:		
	9. CITY-STATE-ZIP:		
<input type="checkbox"/> DELETE	10. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	11. STREET ADDRESS:		
	12. CITY-STATE-ZIP:		
<input type="checkbox"/> DELETE	13. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	14. STREET ADDRESS:		
	15. CITY-STATE-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 A. Perkins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yupalo 246-3809
REGISTERED AGENT

CR2E034 (12/95)