

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
TALLER

SECRET  
TALLER

DOCUMENT # **L52486** (2)

1. Corporation Name  
**BARNES PINE STRAW, INC.**

Principal Place of Business Mailing Address  
RT. 1, BOX 1845 RT. 1, BOX 1845  
O'BRIEN FL 32071 O'BRIEN FL 32071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
02/21/1990	05/01/1994
4. FEI Number	Applied For
59-2985857	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
	<input type="checkbox"/>
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	<input type="checkbox"/>
8. This corporation has liability for intangible tax under § 190.037 Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>

21. Principal Place of Business	26. Mailing Address
State, Apt. #, etc.	State, Apt. #, etc.
22. City & State	27. City & State
Zip	Zip
24. County	30. County

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>COLLINS, STEVEN W.</b> <b>325 S. OHIO AVE.</b> <b>LIVE OAK FL 32060</b>	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 FL
	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 607.0545, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
OFFICE	NAME	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	BARNES, JERRY L. RT. A BOX 1845 O'BRIEN FL	1.1 TITLE	
		1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY, ST, ZIP	
STD	BARNES, JANET RT. A BOX 1845 O'BRIEN FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY, ST, ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY, ST, ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY, ST, ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY, ST, ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		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 119.071(3)(c), 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 a printed name. I understand that I am an officer or director of the corporation or the treasurer or highest empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Janet Barnes* Janet Barnes  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 904-735-8416  
Date Telephone