

**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 # **L52486** (2)

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



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

3. Date Incorporated or Qualified **02/21/1990** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-2985857** 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. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip Country 28. Zip Country  
24. 25. 29. 30.

9. Name and Address of Current Registered Agent  
**COLLINS, STEVEN W.  
325 S. OHIO AVE.  
LIVE OAK FL 32060**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent as to which applied. (NOTE: Registered Agent signature required when first filing.)

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
1.  DELETE  
**PD BARNES, JERRY L.  
RT-A BOX 1845  
O'BRIEN FL**  
2.  DELETE  
**STD BARNES, JANET  
RT-A BOX 1845  
O'BRIEN FL**  
3.  DELETE  
4.  DELETE  
5.  DELETE  
6.  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. 1. TITLE  Change  Addition  
2. 2. NAME  
3. 3. STREET ADDRESS **24271 Hwy 247**  
4. 4. CITY-ST-ZIP  
5. 5. TITLE  Change  Addition  
6. 6. NAME  
7. 7. STREET ADDRESS **24271 Hwy 247**  
8. 8. CITY-ST-ZIP  
9. 9. TITLE  Change  Addition  
10. 10. NAME  
11. 11. STREET ADDRESS  
12. 12. CITY-ST-ZIP  
13. 13. TITLE  Change  Addition  
14. 14. NAME  
15. 15. STREET ADDRESS  
16. 16. 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: *Janet Barnes* 4-29-96 904-935-0416  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)