

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

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**95 APR 17 PM 3:08**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**

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



**DOCUMENT # L83588 (8)**

**1. Corporation Name  
SUSAN J. BARROW, INC.**

**Principal Place of Business Mailing Address  
369 LAKE ARBOR DR 369 LAKE ARBOR DR  
PALM SPRINGS FL 33461 PALM SPRINGS FL 33461**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 06/25/1990** **3a. Date of Last Report 04/13/1994**

**4. FEI Number 65-0196861** **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**

**7. 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**

**BARROW, SUSAN  
369 LAKE ARBOR DR  
PALM SPRINGS FL 33461**

**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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**12. OFFICERS AND DIRECTORS**

**TITLE D**

**NAME BARROW, SUSAN J.**

**STREET ADDRESS 369 LAKE ARBOR DR**

**CITY - ST - ZIP PALM SPRINGS FL**

**TITLE PST**

**NAME BARROW, SUSAN J**

**STREET ADDRESS 369 LAKE ARBOR DR**

**CITY - ST - ZIP PALM SPRINGS FL**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

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

**1.1 TITLE**  Change  Addition

**1.2 NAME**

**1.3 STREET ADDRESS**

**1.4 CITY - ST - ZIP**

**2.1 TITLE**  Change  Addition

**2.2 NAME**

**2.3 STREET ADDRESS**

**2.4 CITY - ST - ZIP**

**3.1 TITLE**  Change  Addition

**3.2 NAME**

**3.3 STREET ADDRESS**

**3.4 CITY - ST - ZIP**

**4.1 TITLE**  Change  Addition

**4.2 NAME**

**4.3 STREET ADDRESS**

**4.4 CITY - ST - ZIP**

**5.1 TITLE**  Change  Addition

**5.2 NAME**

**5.3 STREET ADDRESS**

**5.4 CITY - ST - ZIP**

**6.1 TITLE**  Change  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 119.07(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; the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment thereto.**

**SIGNATURE: Susan Barrow (SUSAN BARROW) April 5, 95 407-650-3089**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #