FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M03341** **(8)**

1. Corporation Name
BARRETT ELECTRIC INC.

Principal Place of Business	Mailing Address
C/O EMORY LEROY BARRETT 10801 S.W. 47TH TERRACE MIAMI FL 33165-4944	C/O EMORY LEROY BARRETT 10801 S.W. 47TH TERRACE MIAMI FL 33165-4944

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/30/1984
3a. Date of Last Report: 11/18/1994

2. Principal Place of Business (21): 12500 SW 33 St
2a. Mailing Address (26): 12500 SW 33 St
4. FEI Number: 59-2525705 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc (27):
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23): Miami FLA
City & State (28): Miami FLA
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24): 33175
Country (25): DADE
Zip (29): 33175
Country (30): DADE
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BARRETT, EMORY LEROY
10801 S.W. 47TH TERRACE
MIAMI FL

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 and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☐ Change ☐ Addition
NAME	BARRETT, EMORY LEROY	1.2 NAME	Emory LEROY Barrett	
STREET ADDRESS	10801 SW 47 TERR	1.3 STREET ADDRESS	12500 SW 33 St	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami FLA	
TITLE	VP	2.1 TITLE	V.P Emory LEROY Barrett	☒ Change ☐ Addition
NAME	BARRETT, EMORY LEE	2.2 NAME		
STREET ADDRESS	10801 SW 47 TERRACE	2.3 STREET ADDRESS	12500 SW 33 St	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FLA	
TITLE	TS	3.1 TITLE	T.S	☒ Change ☐ Addition
NAME	BARRETT, SHIRLEY ANN	3.2 NAME	Emory LEROY Barrett	
STREET ADDRESS	10801 SW 47 TERRACE	3.3 STREET ADDRESS	12500 SW 33 St	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FLA	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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)(i), 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: Emory Barrett 5-25-95 552-6611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0170291 CP