

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P11584** (0)
1. Corporation Name
BARBER EQUIPMENT COMPANY, INC.

Principal Place of Business Mailing Address
PO BOX 89 PO BOX 89
ALBANY GA 31701 PO BOX 89
US ALBANY GA 31702
US

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified 3a. Date of Last Report
09/26/1986 **06/13/1994**

2. Principal Place of Business 2a. Mailing Address
21 **411 Roosevelt Avenue** 26
Suite, Apt #, etc. Suite, Apt #, etc.
22
City & State City & State
23 **Albany GA** 28
Zip Country Zip Country
24 **31701** 25 **USA** 29 30

4. FEI Number Applied For
58-1293299 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

9. Name and Address of Current Registered Agent
HOLLY, AL
105 DEVON ST
PT ORANGE FL 32127

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 Allen J. Holly
Signature, typed or printed name of registered agent or officer or director

(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARBER, JERRY E
STREET ADDRESS	5920 OLD DAWSON RD
CITY - ST - ZIP	ALBANY GA
TITLE	VP
NAME	BARBER, STEVE H
STREET ADDRESS	1309 N DAVIS ST
CITY - ST - ZIP	ALBANY GA
TITLE	ST
NAME	BARBER, BEVERLY H.
STREET ADDRESS	454 CREEKSIDE DR
CITY - ST - ZIP	LEESBURG GA
TITLE	TD
NAME	BARBER, BEVERLY H.
STREET ADDRESS	RT. 3, BOX 378
CITY - ST - ZIP	LEESBURG GA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	454 Creekside Dr
44 CITY - ST - ZIP	Leesburg GA 31763
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), 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: Allen J. Barber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

912-883-8622
Date: Expires: Please Print