

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90150 007 ***150.00

DOCUMENT # P14850

1. Corporation Name

BARRON INDUSTRIES, INC.

Principal Place of Business

105 19TH STREET S.
IRONDALE AL 35210

Mailing Address

105 19TH STREET S.
IRONDALE AL 35210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1987

4. FEI Number

63-0949364

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 owes the current year Intangible
Personal Property Tax. ☐ 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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLONDELL, E.J.	1.2 NAME	NOVOTNY, P.J.
STREET ADDRESS	661 MANOR COURT	1.3 STREET ADDRESS	25370 MADISON ST.
CITY-ST-ZIP	DESPLAINES IL	1.4 CITY-ST-ZIP	WHEATON IL 60187
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, M., H.	2.2 NAME	DANIEL E. WAFFORD
STREET ADDRESS	7080 BEAR CREEK RD	2.3 STREET ADDRESS	105 19th St. S
CITY-ST-ZIP	STERRETT AL	2.4 CITY-ST-ZIP	IRONDALE AL 35210
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENNER, B.L.	3.2 NAME	BENSON, G.P.
STREET ADDRESS	1289 BRANCHWATER LANE	3.3 STREET ADDRESS	1516 Bradley Court
CITY-ST-ZIP	BIRMINGHAM AL	3.4 CITY-ST-ZIP	NAPERVILLE IL 60465
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	DIT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGRATH, JAMES J.	4.2 NAME	CENTERS, J.A.
STREET ADDRESS	15516 S. LINDEN	4.3 STREET ADDRESS	7660 QUINCEY ST
CITY-ST-ZIP	OAK FOREST IL	4.4 CITY-ST-ZIP	WILLOWBROOK IL 60521
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY, ALLEN L.	5.2 NAME	
STREET ADDRESS	105 19TH STREET SOUTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERK, J. E	6.2 NAME	
STREET ADDRESS	105 19TH ST. SOUTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Daniel E. Wafford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRES.

3/2/99

205-956-3441

Date

Daytime Phone #

CR2E034 (11/98)