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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 9:57

DOCUMENT # **P18797** **(1)**

1. Corporation Name
BARNES/WEST PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
222 W CERVANTES 17897 PENSACOLA FL 32501-3130	222 W CERVANTES 17897 PENSACOLA FL 32501-3130

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/12/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 103 W. Intendencia	26 Barnes/West Prod, Inc
Suite, Apt. #, etc. 22 Pensacola FL	Suite, Apt. #, etc. 27 PO Box 12034
City & State 23 Pensacola, FL	City & State 28 Pensacola, FL
Zip 24 32501 Country 25 Escambia	Zip 29 32501 Country 30 Escambia

4. FEI Number: 42-1193268 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BARNES, DAVID C. 7900 OAK FOREST DRIVE PENSACOLA FL 32514	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	PD	11 TITLE	☐ Change ☐ Addition
NAME	BARNES, DAVID C.	12 NAME	
STREET ADDRESS	7900 OAK FOREST DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	BARNES, SUSAN	22 NAME	
STREET ADDRESS	7900 OAK FOREST DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	VD ☐ Change ☐ Addition
NAME	JORDAN, MONICA	32 NAME	JORDAN, MONICA
STREET ADDRESS	5292 BALFOUR PL	33 STREET ADDRESS	5292 Balfour PL Delete
CITY ST ZIP	PENSACOLA FL	34 CITY ST ZIP	PENSACOLA, FL 32501
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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: David C Barnes David C Barnes 4/3/95 904-438-7224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0300112 CP