FILE NOW: FILING FEE AFTER MAY 1 IS ~~$225.00~~ $ 100.

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P18904** **(3)**

1. Corporation Name

BARROW INDUSTRIES INC.

Principal Place of Business	Mailing Address
5 DAN ROAD CANTON MA 02021	5 DAN ROAD CANTON MA 02021

3. Date Incorporated or Qualified: **04/20/1988**

3a. Date of Last Report: **03/27/1995**

4. FEI Number: **04-2225826** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26 3 Edgewater Drive
Street Address, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Norwood MA
Zip 24 / Country 25	Zip 29 02062 / Country 30 USA

9. Name and Address of Current Registered Agent

GONZALEZ NYDIA
8700 NW 27TH ST, #104
MIAMI FL 33122

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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BARROW, STEPHEN Y.		1.2 NAME	
STREET ADDRESS	783 NEWTON STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLINE MA		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ARNOLD, ROBERT E.		2.2 NAME	
STREET ADDRESS	46 WHITEWALL ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY MA		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HARPER, DANIEL		3.2 NAME	
STREET ADDRESS	164 CLAYBROOK RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	DOVER MA		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HUNTER, DONALD		4.2 NAME	
STREET ADDRESS	183 CARROLL AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP	BROCKTON MA		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 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 added, attachment with an address.

SIGNATURE: Nydia E Gonzalez 2/12/96 407 472 2140

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