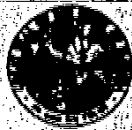


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P32779 (1)

1. Corporation Name

T.R. BARON AND ASSOCIATES, INC

Principal Place of Business

BOX 4104
BOULDER CO 80306

Mailing Address

BOX 4104
BOULDER CO 80306

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/12/1991

3a. Date of Last Report

01/28/1994

4. FEI Number

84-0688005

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, RICHARD D.
5 4TH AVE E.
CUDDO KEY FL 33042

81 Name

JONES, RICHARD D.

82 Street Address (P.O. Box Number is Not Acceptable)

83

1199 COPA D'ORO

84 City

MARATHON

FL

85

33050

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

TITLE	PD
NAME	JONES, RICHARD D.
STREET ADDRESS	BOX 4268
CITY - ST - ZIP	KEY WEST FL
TITLE	VD
NAME	JONES, MELINDA K.
STREET ADDRESS	488 MOUNTAIN MEADOWS RD
CITY - ST - ZIP	BOULDER CO
TITLE	SD
NAME	DIMICK, LINDA E.
STREET ADDRESS	1825 DEL ROSA COURT
CITY - ST - ZIP	BOULDER CO
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change	☐ Addition
1.2 NAME	JONES, RICHARD D.		
1.3 STREET ADDRESS	1199 COPA D'ORO		
1.4 CITY - ST - ZIP	MARATHON, FL 33050		
2.1 TITLE		☐ Change	☐ Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		☐ Change	☐ Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		☐ Change	☐ Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		☐ Change	☐ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		☐ Change	☐ Addition
6.2 NAME			
6.3 STREET ADDRESS			
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 110.07(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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD D. JONES

4/14/95 (305) 289-7600

Date

Telephone #