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

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	Mailing Address
BOX 4104 BOULDER CO 80306	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**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 Zip Code: 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 _____ 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	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	JONES, RICHARD D.	1.2 NAME	JONES, RICHARD D.	
STREET ADDRESS	BOX 4268	1.3 STREET ADDRESS	1199 COPA D'ORO	
CITY-ST-ZIP	KEY WEST FL	1.4 CITY-ST-ZIP	MARATHON, FL 33050	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	JONES, MELINDA K.	2.2 NAME		
STREET ADDRESS	498 MOUNTAIN MEADOWS RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOULDER CO	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	DIMMICK, LINDA E.	3.2 NAME		
STREET ADDRESS	1825 DEL ROSA COURT	3.3 STREET ADDRESS		
CITY-ST-ZIP	BOULDER CO	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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: Pres. 4/14/95 (305)289-7600
SIGNATURE AND TYPED OR PRINTED NAME OF BEING OFFICER OR DIRECTOR — Date — Daytime Phone #
Richard D. Jones

0481033 FN