

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000001864 (6)**

1. Corporation Name  
**BARLOW & SHIRLEY, P.A.**

Principal Place of Business Mailing Address  
**% A. JEFFREY TOMASSETTI**  
**308 1/2 CENTRE STREET**  
**FERNANDINA BCH FL 32034**  
**US**

**P O BOX 1489**  
**SUITE M**  
**FERNANDINA BCH FL 32035**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/01/1993** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3161423** 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 **2075 Philips Rd** 26 **P.O. Box 1489**  
22 Suite, Apt. #, etc. 27 \_\_\_\_\_  
23 City & State **Yulee, FL** 28 **FERNANDINA Bch, FL**  
24 Zip **32097** 25 Country **USA** 29 Zip **32035** 30 Country **USA**

9. Name and Address of Current Registered Agent  
**TOMASSETTI, A. JEFFREY**  
**308 1/2 CENTRE STREET**  
**FERNANDINA BCH FL 32034**

10. Name and Address of New Registered Agent  
81 Name **GREGORY A. SANDBA**  
82 Street Address (P.O. Box Number is Not Acceptable) **3001 US HWY 98 South**  
83 \_\_\_\_\_  
84 City **LAKELAND** FL 85 Zip Code **33803**

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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE **Gregory A. Sandba** DATE **4-7-95**  
Signature, typed or printed name of registered agent and file # applicable. NOTE: Registered Agent signature required for amendments.

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>BARLOW, R C</b>
STREET ADDRESS	<b>311 CENTRE ST STE 207</b>
CITY- ST- ZIP	<b>FERNANDINA BCH FL</b>
TITLE	<b>V</b>
NAME	<b>SHIRLEY, BECKY</b>
STREET ADDRESS	<b>311 CENTRE ST STE 207</b>
CITY- ST- ZIP	<b>FERNANDINA BCH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>BARLOW, R.C.</b>
1.3 STREET ADDRESS	<b>P.O. BOX 1489</b>
1.4 CITY- ST- ZIP	<b>FERNANDINA Bch, FL 32035</b>
2.1 TITLE	<b>V-PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SHIRLEY, BECKY</b>
2.3 STREET ADDRESS	<b>P.O. BOX 1489</b>
2.4 CITY- ST- ZIP	<b>FERNANDINA Bch, FL 32035</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 on an attachment with an address.

SIGNATURE: **R. CASH BARLOW** **R. Cash Barlow** **3/27/95** **804-241-9988**  
Signature, typed or printed name of signing officer or director. Date. (Area 1000)