

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000001864 (6)

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



Principal Place of Business: ~~N/A~~ **JEFFREY TOMASSETTI**
2075 PHILIPS ROAD
YULEE FL 32097
US

Mailing Address: P.O. BOX 1489
FERNANDINA BCH FL 32035
US

3. Date Incorporated or Qualified: **01/01/1993**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 **BARLOW & SHIRLEY, P.A.**
Suite, Apt. #, etc.
22 **2075 Philips Rd**
City & State
23 **Yulee, FL**
Zip
24 **32097**

2a. Mailing Address
26 Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SANDBA, GREGORY A~~
~~3001 U.S. HIGHWAY 98 SOUTH~~
~~LAKELAND FL 33803~~

81 Name: **A. JEFFREY TOMASSETTI**
82 Street Address (P.O. Box Number is Not Acceptable): **406 Ash Street**
83
84 City: **FERNANDINA Bch.** FL 85 Zip Code: **32034**

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: *Jeffrey Tomassetti* DATE: **4/20/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	BARLOW, R.C.	
STREET ADDRESS	P.O. BOX 1489 N/A	
CITY - ST - ZIP	FERNANDINA BCH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHIRLEY, BECKY	
STREET ADDRESS	P.O. BOX 1489 N/A	
CITY - ST - ZIP	FERNANDINA BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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. Barb Barlow* DATE: **4/23/96** 904 261-9988

CR2E034 (12/95)