**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT	#
1. Corporation Name	

P93000006593 (6)

BARRY P. RICHARDSON & CO., INC.

Impipal Place of	al Fface of Basiness Mailing Address			f (881/48) HE 16/04 (111) GALIS BEITS ABIN SAND AND AND AND SAND AND	
-2000 C NEWBERRY ROAD		-3000 C NEWBERRY RO	AÐ		
GAINESVILLE	FL 32607	GAINEGYIELE LE GEOOF		3. Date Incorporated or Qualified 01/21/1993	3a. Date of Last Report 02/09/1995
		n M. Y		4. FEI Number	Applied For
Principal Place		2a. Mailing Address 26 234 South	Main St.	59-3163147	Not Applicable
234 Suite, Apt. #.	etc.	Suite, Apt #, etc.	10 K21U 01:	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Oily & State	11	City & State  City & State  Color & Co	FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Gaines 3260	Country	Zip	Country 30 Alachua	This corporation has liability for Florida Statutes	intangible tax under s 199.032, No
7200	9. Name and Address of Current Re		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10. Name and Address of New F	legistered Agent
	g. Walle and Addition of Comment	7	81 Name		
	DSON, BARRY P	South Main &	G 82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)
	NEWBERRY ROAD 234 SMILLE FL 32607 Gallor	sville, FL 32	83		
*********	the provisions of Sections 607,0502 and	,	84 City		FL 85 Zip Code
	agent, or both, in the state of random, and accept the obligations of, Section to the transfer as agent and OFFICERS AND D	to-rappt Abi (NOTE	Registered Agent signature requir	al when reinstation)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTORS IN 12
?.	OFFICERS AND D	DELETE	1 1 THLE	ADDITION OF THE OWNER	☐ Change ☐ Addition
11.4	D	Прин	1.2 NAME		
.M:	RICHARDSON, BARRY P		1.3 STREET ADDRESS		
BELL A IDBESS	3909-C NEWBERRY ROAD		1.4 City-ST-ZIP		
TY S1-200	GAINESVILLE FL 32607	[] DELETE	2 1 1/11 [		☐ Change ☐ Addition
Lt ·		Donne	2 2 NAME		
VM:			2 3 STHEET ADDRESS		
IBELL ADDRESS			2 4 City - ST-ZIP		
dy St Zift		DELFTE	3 1 TITLE		☐ Change ☐ Addition
ILF			3 2 NAME		
Mt.			3.3 STREET ADDRESS		
TREET ADDRESS			3 4 CITY - ST - ZIF		
EY ST-ZP		DELFIE	4 1 TITLE		☐ Change ☐ Additio
ITLF		Прин	4 2 NAME		
AME			4 2 NAME 4 3 STREET ADDRESS		•
TREET ADDRESS					
01¥_\$1-7P		☐ DELETE	4 4 CITY - ST - ZIP 5 1 TITLE		Change Addition
10.1			3 1 11101		<del>-</del>
			5.2 NAME		

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 o an attachment with an address.

6 1 11TLE

62 NAME

5.3 STREET ADDRESS 5 4 CITY - ST- ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP

NAME

111.6

NW:

CPY-S1 ZP

STREET ADDRESS

["] DELETE

Change

■ Addition