

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000008456 (4)**

1. Corporation Name

BARNES & MURRELL, INC.

Principal Place of Business

**411 PALM SPRINGS BLVD.
INDIAN HARBOR BEACH FL 32937**

Mailing Address

**411 PALM SPRINGS BLVD.
INDIAN HARBOR BEACH FL 32937**



3. Date Incorporated or Qualified
01/26/1993

3a. Date of Last Report
04/19/1995

4. FEI Number

59-3161451

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GIFFORD, WARREN C III
411 PALM SPRINGS BLVD.
INDIAN HARBOR BEACH FL 32937**

81 Name

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

83

84 City

FL

85 Zip Code

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 registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
ST
VAN GUNTEN, KATHIE L
STREET ADDRESS
227 N. HOLLAND-SYLVANIA, STE. H
CITY-ST-ZIP
TOLEDO OH

☐ DELETE

TITLE
NAME
VP
GIFFORD, WARREN C III
STREET ADDRESS
411 PALM SPRINGS BLVD.
CITY-ST-ZIP
INDIAN HARBOR BEACH FL

☐ DELETE

TITLE
NAME
AS
SIMMS, DONALD L
STREET ADDRESS
411 PALM SPRINGS BLVD.
CITY-ST-ZIP
INDIAN HARBOR BCH. FL

☐ DELETE

TITLE
NAME
P
VAN GUNTEN, EDWARD A
STREET ADDRESS
3425 EXECUTIVE PKWY., SUITE 206
CITY-ST-ZIP
TOLEDO OH

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

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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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Kathie A. Levison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19-321-1411
4/19/96
Last Date Filing

CR2E034 (3/96)