

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000008456

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

05-06-1999 90240 032 ***150.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **SUITE A-1-R** 2a. Mailing Address **SUITE A-1-R**
21. **WICKHAM BUSINESS PARK** 26. **WICKHAM BUSINESS PARK**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22. **2825 BUSINESS CENTER BLVD.** 27. **2825 BUSINESS CENTER BLVD.**
City & State City & State
23. **MELBOURNE, FL** 28. **MELBOURNE, FL**
Zip Country Zip Country
24. **32940** 29. **32940** 30.

3. Date Incorporated or Qualified
01/26/1993
4. FEI Number **59-3161451** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SIMMS, DONALD L
411 PALM SPRINGS BLVD
INDIAN HARBOR BEACH FL 32937

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
WICKHAM BUSINESS PARK SUITE A-1-R
83. **2825 BUSINESS CENTER BLVD.**
84. City **MELBOURNE** FL 85. Zip Code **32940**

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 Agents signatures required when relinquishing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	DELETE
NAME	LEVISON, KATHIE A	
STREET ADDRESS	N COUTHUSE SQ, 1000 JACKSON	
CITY-STATE-ZIP	TOLEDO OH	
TITLE	VP	DELETE
NAME	GIFFORD, WARREN C III	
STREET ADDRESS	1948 BEVERLY RD	
CITY-STATE-ZIP	COLUMBUS OH 43221	
TITLE	AS	DELETE
NAME	SIMMS, DONALD L	
STREET ADDRESS	411 PALM SPRINGS BLVD.	
CITY-STATE-ZIP	INDIAN HARBOR BCH. FL	
TITLE	P	DELETE
NAME	VAN GUNTEN, EDWARD A	
STREET ADDRESS	3425 EXECUTIVE PKWY., SUITE 208	
CITY-STATE-ZIP	TOLEDO OH	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Donal L. Simms
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99
DATE

Daytime Phone #

0113831

CR2E034 (11/98)