

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$275)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 30 AM 9:53

**DOCUMENT # P93000010907 (2)**

1. Corporation Name  
**BARRETT SERVICES GROUP, INC.**

Principal Place of Business Mailing Address  
**1000 NORTH CENTRAL AVENUE KISSIMMEE FL 34741**

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified <b>02/05/1993</b>		3a. Date of Last Report <b>08/11/1994</b>	
4. FEI Number <b>59-3160599</b>		Applied for Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
7. This corporation has liability for information this section 190.017 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

21. Principal Place of Business <b>1015 N. Central Ave</b>	26. Mailing Address <b>1015 N. Central Ave</b>
22. State, Apt #, etc	27. State, Apt #, etc
23. City & State <b>Kissimmee FL</b>	28. City & State <b>Kissimmee FL</b>
24. Zip <b>34741</b>	25. County <b>Osceola</b>
29. Zip <b>34741</b>	30. County <b>Osceola</b>

9. Name and Address of Current Registered Agent <b>BARRETT, MYRA H 1003 N. CENTRAL AVE. KISSIMMEE FL 34741</b>		10. Name and Address of New Registered Agent	
01. Name			
02. Street Address (P.O. Box Number is Not Acceptable)			
03.			
04. City	<b>FL</b>	05. 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1.	
01. TITLE	<b>D</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
02. NAME	<b>BARRETT, MYRA H</b>	1. NAME	
03. STREET ADDRESS	<b>1062 DEAN STREET</b>	1. STREET ADDRESS	
04. CITY, ST, ZIP	<b>ST. CLOUD FL 34771</b>	1. CITY, ST, ZIP	
05. TITLE	<b>D</b>	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
06. NAME	<b>BARRETT, WILLIAM C</b>	2. NAME	
07. STREET ADDRESS	<b>1062 DEAN STREET</b>	2. STREET ADDRESS	
08. CITY, ST, ZIP	<b>ST. CLOUD FL 34771</b>	2. CITY, ST, ZIP	
09. TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		3. NAME	
11. STREET ADDRESS		3. STREET ADDRESS	
12. CITY, ST, ZIP		3. CITY, ST, ZIP	
13. TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		4. NAME	
15. STREET ADDRESS		4. STREET ADDRESS	
16. CITY, ST, ZIP		4. CITY, ST, ZIP	
17. TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		5. NAME	
19. STREET ADDRESS		5. STREET ADDRESS	
20. CITY, ST, ZIP		5. CITY, ST, ZIP	
21. TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6. NAME	
23. STREET ADDRESS		6. STREET ADDRESS	
24. CITY, ST, ZIP		6. 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 110.07(3)(b) Florida Statutes. I further certify that the information included 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 make 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: *Myra H. Barrett* Myra H. Barrett 6/27/95 (407)846-3214

CR2E034 (3/95)