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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNU	NNUAL REPORT Secretary of State DIVISION OF CORPORATIONS						
DOCU!	MENT # P9300	00013943 (4)					
BARHA	AM INDUSTRIES INC.				1 1881/1881 188 1888 1884 1884	ARMA OBINA OBIAN MARON	
Principal Place	of Business	Mailing Address				ERNI ORNI ORNI ARON	
2206 W. GRIFFEN RD. LEESBURG FL 34748 2206 W. GRIFFEN RD. LEESBURG FL 34748							
					Date Incorporated or Qualifie 02/15/1993		1/1995
Principal Place of Business The state of Business The state of Business		2a. Mailing Address 26		4. FEI Number 6:	5-039388		
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	U	8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip 24	Country 25 9. Name and Address of Curre	Zip 29	Count	ry		Yes □No	
	y, Name and Address of Curre	int Hegistereo Agent	8	1 Name	10. Name and Address of Ne	w Hagistereo Age	ont
BARHAM, BILLY SR. 2206 WEST GRIFFIN ROAD LEESBURG FL 34748			8		ress (P.O. Box Number is Not Accep	otable)	
			8	4 City		FL ⁽	Zip Code
or register familiar wit	o the provisions of Sections 607.050 ed agent, or both, in the State of Flo th, and accept the obligations of, Sec Signature, typed or printed name of registered age OFFICERS A	rida. Such change was authorized ction 607.0505, Florida Statutes.	d by the co	-named corpo poration's boa ent signature require	rd of directors. I hereby accept the a	appointment as reg	istered agent. I am
TITLE	DP	DP DELETE					hange 🔲 Addition
NAME	BARHAM, ALETATHA		1.2 NAMI	.]			
STREET ADDRESS	2206 W. GRIFFIN RD			ET ADDRESS			
CITY-ST-ZIP	LEESBURG FL 34748	☐ DELETE	1.4 CiTY				hange
TITLE NAME	BARHAM, BILLY SR		2. 1 TiTLI 2.2 NAMI	1			mange Modified
STREET ADDRESS	2206 W. GRIFFIN RD		2 3 STREET ADDRESS				
CHTY-ST-ZIP	LEESBURG FL 34748		2 4 CITY	1			
TITLE		DELETE	3. 1 TITL	····			hange
NAME			3.2 NAMI	[
STREET ADDRESS			3.3. STRE	ET ADDRESS			
CITY-S1-ZIP	File		3.4 CiTY				
TITLE	☐ DELETE		4. 1 TiTU			لــا ر	hange 🔲 Addition
NAME CINCEL ADORESCE			4.2 NAM	1			
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS			
TITLE		DELETE	4.4 CITY 5. 1 TITL				hange Addition
NAME		_	5.2 NAM				. -
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			5 4 CITY				
TITLE		DELETE	6 1 TITL	E			hange [] Addition
NAME			6.2 NAM	E			
STREET ADDRESS			6.3 STRE	FT ADDRESS			

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: allatha Barham AlenthABARHAM President 4-11-96
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIFFECTOR

Designature and Typed On Printed Name of Signing Officer on Diffector

CR2E034 (12/95)