

0031361

The seal of the State of Florida is circular. It features a central illustration of a palm tree, a sun, and a body of water with a small boat. The text "GREAT SEAL OF THE STATE OF FLORIDA" is inscribed around the top inner edge, and "IN GOD WE TRUST" is inscribed around the bottom inner edge.

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

04-07-1999 90015 031 ***150.00

1. Corporation Name
BARON TECHNOLOGIES, INC.

[illegible]

Principal Place of Business	Mailing Address
1474 W. GRANADA BLVD. STE. 400 ORMOND BEACH FL 32174 US	1474 W. GRANDA BLVD. STE. 440 ORMOND BEACH FL 32174 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21		26	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip Country	29	Zip Country
25		30	

3. Date Incorporated or Qualified

03/15/1993

4. FBI Number
59-3173436

Applied For
Not Applicable

~~6. Election Campaign Financing~~ ☐
Trust Fund Contribution

\$8.75 Additional
Fee Required

~~**\$5.00**~~ May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOEHLER, JOHN D.
1842 SPRUCE CREEK BLVD. EAST
DAYTONA BEACH FL 32134

81	Name	Koehler John D
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82 Street Address (P.O. Box Number is Not Acceptable)
3223 VAIL View DR.

83

84	City	Daytona Beach	FL	85	Zip Code	32124
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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 reinstating)

DATE _____

12 OFFICERS AND DIRECTORS

TITLE	VPS	<input type="checkbox"/> DELETE
NAME	KOEHLER, ALEXIS C.	
STREET ADDRESS	1842 SPRUCE CREEK BLVD. EAST	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	KOEHLER, JOHN D.	
STREET ADDRESS	1842 SPRUCE CREEK CREEK BLVD., E.	
CITY-ST-ZIP	DAYTONA BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	KOEHLER, Alexis C.		
1.3 STREET ADDRESS	3165 ROYAL BIRKDALE WAY		
1.4 CITY-ST-ZIP	DAYTONA BEACH FL	32124	
2.1 TITLE	PT	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	KOEHLER, John D.		
2.3 STREET ADDRESS	3223 VAILVIEW DR		
2.4 CITY-ST-ZIP	DAYTONA BEACH, FL	32124	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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 John D. Koehler (John D. Koehler) 3/18/99 904-672-3779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Net

Daytime Phone #