

3-6-98 B. 6593 - c
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000020964 (1)

1. Corporation Name

BARBOUR AND ASSOCIATES MARKETING AND RESEARCH, I
NC.

Principal Place of Business

Mailing Address

1118 BRIERCLIFF DR
ORLANDO FL 32806
US

1118 BRIARCLIFF DRIVE
ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/19/1993

4. FEI Number

59-3178030

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 1203 N. Mills

Suite, Apt. #, etc.

22

City, State

23 ORLANDO, FL.

Zip

24 32803.

Country

25 Orange

2a. Mailing Address

26 P.O. Box 1152

Suite, Apt. #, etc.

27

City, State

28 Starke, FL.

Zip

29 32091

Country

30 Bradford.

9. Name and Address of Current Registered Agent

GOFF, CURTIS B
716 N. FERNCREEK AVENUE
ORLANDO FL 32803

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

NAME BARBOUR, KATHERINE J

STREET ADDRESS 1118 BRIERCLIFF DR.

CITY-ST-ZIP ORLANDO FL 32806

TITLE NAME ☐ DELETE

NAME BARBOUR, KATHERINE J

STREET ADDRESS 1118 BRIERCLIFF DR.

CITY-ST-ZIP ORLANDO FL 32806

TITLE NAME ☐ DELETE

NAME 6085 Kingsley Lake Drive

STREET ADDRESS Starke, FL 32091

CITY-ST-ZIP (904) 533-2885

TITLE NAME ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-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-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE KATHERINE J. BARBOUR

11-21-2005 (2005) 11-21-2005

CR2E034 (10/97)