

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 20 PM 3:38

DOCUMENT # P93000021076 (3)

1. Corporation Name  
A.M. BARNES GROUP, INC.

Principal Place of Business	Mailing Address
1116 SE 12TH AVENUE CAPE CORAL FL 33990	1116 SE 12TH AVENUE CAPE CORAL FL 33990

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/22/1993	3a. Date of Last Report 03/15/1994
4. FEI Number 65-0391282	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address		
21 16261 Old US 41	26 16261 Old US 41		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.		
23 City & State Ft Myers, FL	28 City & State Ft Myers, FL		
24 Zip 33912	25 Country Lee	29 Zip 33912	30 Country Lee

9. Name and Address of Current Registered Agent  
BARNES, ALAN  
1116 SE 12TH AVENUE  
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 Zip Code
			FL	

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 Alan M Barnes Pres  
Alan M Barnes

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARNES, ALAN
STREET ADDRESS	1116 SE 12TH AVENUE
CITY - ST - ZIP	CAPE CORAL FL 33990
TITLE	D
NAME	BARNES, VICKY
STREET ADDRESS	1116 SE 12TH AVENUE
CITY - ST - ZIP	CAPE CORAL FL 33990
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Barnes, Alan	
1.3 STREET ADDRESS	16261 Old US 41	
1.4 CITY - ST - ZIP	Fort Myers FL 33912	
2.1 TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Barnes, Vicky	
2.3 STREET ADDRESS	16261 Old US 41	
2.4 CITY - ST - ZIP	Ft Myers FL 33912	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Tonya B. Senese	
3.3 STREET ADDRESS	16261 Old US 41	
3.4 CITY - ST - ZIP	Ft Myers FL 33912	
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 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)(a), 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 addition.

SIGNATURE: Vicky L. Barnes  
Vicky L. Barnes

2-8-95

813-433-5575

(Name and Title of Signer)

(Date)

(Telephone Number)