

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 25, 1999 8:00 am
Secretary of State
 08-25-1999 90002 030 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P93000021076

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



Principal Place of Business Mailing Address
 16261 OLD US 41 16261 OLD US 41
 FT MYERS FL 33912 FT MYERS FL 33912
 US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/22/1993

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

4. FEI Number Applied For
65-0391282 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 the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent
BANSPACH, ALAN WELLING
8191 COLLEGE PARKWAY
SUITE 304
FORT MYERS FL 33919

10. Name and Address of New Registered Agent
 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 Alan Welling Banspach DATE 8-18-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/>
NAME	BARNES, ALAN	
STREET ADDRESS	16261 OLD US 41	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VST	<input type="checkbox"/>
NAME	BARNES, VICKY L	
STREET ADDRESS	16261 OLD US 41	
CITY-ST-ZIP	FT MYERS FL	
TITLE	V	<input type="checkbox"/>
NAME	SENESE, TONYA	
STREET ADDRESS	16261 OLD US 41	
CITY-ST-ZIP	FT MYERS FL	
TITLE	V	<input type="checkbox"/>
NAME	BARNES, K S	
STREET ADDRESS	16261 OLD US 41	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Barnes Alan		
1.3 STREET ADDRESS	14200 Hickory Marsh Ln #111		
1.4 CITY-ST-ZIP	FT Myers, FL 33912		
2.1 TITLE	VST	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Barnes Vicky		
2.3 STREET ADDRESS	14200 Hickory Marsh Ln #111		
2.4 CITY-ST-ZIP	FT Myers FL 33912		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: Alan Barnes **ALAN BARNES** DATE: 7-30-99 PHONE: 941-433-5575

CR2E034 (5/99)