SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P93000029684 (6)

BARBARA NEWELL, INC.

Principal Place of Business

Mailing Address

FILED Jul 13 1998 8:00am Secretary of State



24508 RODAS DRIVE BONITA SPRINGS FL		24508 RODAS DRIVE BONITA SPRINGS FL				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/21/1993
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21 26						65-0425850 Not Applicable
Suite, Apt. #, etc. 22				· - · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired \$8.75 Additional Fee Required
			, ul			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	29 Zip	Country 30			This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
NEWELL, BARBARA				81	Name	_
24508 R od as drive Bonita s prings FL 33923				82	Street A	Address (P.O. Bex Number is Not Acceptable)
			(83		
v				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						
12.	Signature, typed or printed name of registered agent a OFFICERS AND			red Age	ani signature	e required when reinstating) DATE APPLITION OF THE PROPERTY
TITLE	PSTD		13.	TI F		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	PSID DELETE NEWELL, BARBARA			1.2 NAME		Change Addition
STREET ADDRESS	a college and a manufacture of the college and a second a			1.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 33923			1.4 CITY-ST-ZIP		
TITLE	DELETE			2.1 TITLE		Channel
NAME				2.2 NAME		LJ Change LJ Addition
STREET ADDRESS				2.3 STREET ADDRESS		
CITY-ST-ZIP				TY-ST-Z		
TITLE	DELETE			3.1 TITLE		Chara D Addition
NAME	DEEC IC			3.2 NAME		L_ Change L_ Addition
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CITY-ST-ZIP				TY-ST-Z		
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CITY-ST-ZIP				TY-ST-Z	- 1	
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NAME		☐ DELETE	6.1 T)T			300002588063° \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			6.2 NAME			-07/14/9801042043
STREET ADDRESS				6.3 STREET ADDRESS		***150.00
CITY-ST-ZIP	wife, that the information countries was se-	in \$60 dans and annual for \$1 ex-		TY-ST-Z		species 110 07/2/0). Elevide Statutes I further conflict that the information

I nereby 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 frustee 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.

Blevara Marlet, Dre. 24508 Rodan Dr. Bourth Sq., 91. 34135 941-495-785> Enclosed in \$150 Gelenj Gee 4 Opg of reginal egent sent Egiel 1998. Cleened Juguerier. - opiqual Veport & prement was never received by your. as instructed here is copy of regues #2, Rlease occupt \$ 150. Thouse you, Booken Newer

P930000 29684

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P93000029684 (6) MENT # RARBARA NEWELL, INC. Mailing Address Principal Place of Business 24508 RODAS DRIVE 24508 RODAS DRIVE BONITA SPRINGS FL BONITA SPRINGS FL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/21/1993 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 65-0425850 26 21 \$8.75 Additional Suite, Apt_#, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be SW & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 23 Country 8. This corporation owes or has paid the current year Intangible Country Zip Yes Personal Property Tax due June 30. 30 24 26 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name NEWELL, BARBARA bava 24508 RODAS DRIVE 62 O. Box Number is Not Acceptable) Street Address (F **BONITA SPRINGS FL 33923** 1508 City 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. Registered Agent signature regulard when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition PSTD TITLE 1.1 TITLE **NEWELL, BARBARA** NAME 1.2 NAME 24508 RODAS DRIVE STREET ADDRESS 1.3 STREET ADDRESS BONITA SPRINGS FL 33923 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DFLETE 2.1 TITLE Charige Addition NAME 22 NAME 2 3 STREET ADDRESS STREET ADDRESS CITY-51-21P 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP TITLE DELETE 41 TITLE Change Addition NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change TITLE DELETE Addition 6.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELFTE Change Addition TITLE 6.1 TITLE 5.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 City-ST-7iP CITY-ST-ZIP 14. Thereby certify that the information supplied with this fitting 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 own attachment with an address. BARBANA SIGNATURE: