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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000034328 (3)
1. Corporation Name
BARWICK & FRANANO, P.A.

Principal Place of Business Mailing Address
**1694 VIRGINIA AVE
PALM HARBOR FL 34683** **1694 VIRGINIA AVE
PALM HARBOR FL 34683**

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

3. Date Incorporated or Qualified 3a. Date of Last Report
05/12/1993 **03/28/1994**

4. FEI Number Applied For
59-3182703 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**DICKINSON, ROBERT C III
33920 US HIGHWAY 19 N
SUITE 200
PALM HARBOR FL 34684**

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 _____ DATE _____
(Signature, Title or printed name of registered agent and date of appointment) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME **BARWICK, RALPH**
STREET ADDRESS **1694 VIRGINIA AVE**
CITY, ST, ZIP **PALM HARBOR FL 34684**

TITLE STD
NAME **FRANANO-BARWICK, SANDRA**
STREET ADDRESS **1694 VIRGINIA AVE**
CITY, ST, ZIP **PALM HARBOR FL 34684**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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 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 is voluntarily furnished and I am not qualified for the exemption stated in Section 119 (17)(406), 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: *Sandra Franano Barwick*
SIGNATURE AND TYPE IN PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
SANDRA FRANANO BARWICK

4-3-95 **784-7569**
Date Expiration Date