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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

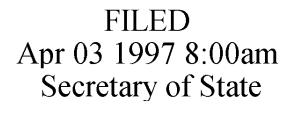
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000046668 (8)

WM. BARNES CONSTRUCTION, INC.



Dringing Clas	o of Divisions								
Principal Place of Business 41 COMMERCE STREET		59 AVENUE C	Mailing Address 59 AVENUE C			A2(() 65(() 212(2	04110 01110 91	1191 1911 1981	
APALACHICOL	A FL 92320	APPALACHICOLA FL 3232 US	20-1785						
		••			3. Date Incorporated or Qualific	o 3a. Da	ate of Last	Report	٦
2. Principal Place of Business		er er i kapang sanggapan manggapan mengangan mengan			06/25/1993	04/	23/1996		
· '	ace of Business	2a. Mailing Address	f1		4, FEI Number			Applied For	4
21 Sulte, Apt. #, etc.		26 Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-3214020			Not Applicable Additional	
22		F1	27		5. Certificate of Status Desired	LJ		Required	
City & State		City & State	City & State		6. Election Campaign Financing)	\$5.00	May Be	7
23		28			Trust Fund Contribution			to Fees	
Zip 24	Country	Zip [29]	n ten '		8. This corporation has liability for intangible tax under s. 199.03; Florida Statutes Yes No				
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New				-
HEV	TER, JAN J			Name					
	COMMERCE STREET		Ţ	Street Addr	of Address (P.O. Box Number is Not Acceptable)				1
APA	LACHICOLA FL 32320			33					_
			[1	34 City		FL	85 Zip	Code	1
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statut	es, the ab	ove-named corp	poration submits this statement for th		changing	its registered	+
office or ri agent. I a	egistered agent, or both, in the St m familiar with, and accept the ob	ale of Florida. Such change was a digations of, Section 607.0505, Flo	authorized orida Statu	by the corporat tes.	oration submits this statement for the ion's board of directors. I horeby ac	cept the app	ointment as	s registered	
SIGNATURE									
12,	Signature, typed or printed name of registered	agent and title if applicable (NOT AND DIRECTORS	L Registered	Agent signature requir	ed when reinstating) ADDITIONS/CHANGES TO OF	DATE	DIDECTO	DC IN 40	ر ا
TITLE	P\$	DELETE	1.1 lill	E T	AUDITIONS/CHANGES TO OF	FICERS AND	Change	Addition	- 8
NAME	BARNES, WILLIAM		1.2 NAN						5
STREET ADDRESS	59 AVE C		1.3 STR	EET ADDRESS					}
CITY-ST-ZIP	APALACHICOLA FL		1.4 CI11	-S1-ZIP					Š
TITLE		☐ DELETÉ	2.1 1116	E			☐ Change	Addition	7
NAME			2 2 NAN	1					1
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NAME			4. 2 NA						
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CITY-ST-ZIP			R	-S1-ZIP					
TITLE	·	DIETE	6.1 TITL				Change	Addition	1
NAME	· '		6.2 NAM				-		
STREET ADDRESS			6.3 STR	ET ADDRESS					
CITY-ST-ZIP	·		6.4 CH Y	- S1 - ZIP					

4. I do 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 change or on an attachment with an address.

SIGNATURE

Call of the State of the State

1/20/97

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