PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS May 03, 2000 8:00 am Secretary of State

FILED

05-03-2000 90115 038 ***150.00

Corporation Name

CLIFFORD H. BARNES, P.A.		: .1.
SOUTH 25TH STREET 3 PIERCE FL 34954	Mailing Address 1803 South 25th Street Suite 3 Fort Pierce FL 34954	
District Disco of Dusings	2a Mailing Address	· ·

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3 PIERCE FL 34954		SUITE 3 FORT PIERCE FL 34954		DO NOT WRITE IN THIS SPACE			
PIEROCIE 09009					3. Date Incorporated or Qualifed 08/03/1993		
rincip	al Place of Business	2a. Mailing Address			4. FEI Number		Applied For
	•	26			65-0425931		Not Applicable
uite, A	Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
ity &	State	City & State			6. Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees -
p	Country 25	Zip Co	untry		This corporation owes the current year Personal Property Tax.	Intangible Yes	□No
	9. Name and Address of Curre	rent Registered Agent		10. Name and Address of New Registered Agent			
_			81	Name	ч		
Barnes, Clifford H 1803 South 25th Street		82	Street Address (P.O. Box Number is Not Acceptable)				
_	SUITE 3 ORT PIERCE FL 34954		83				
1U1 _	ONI FILMOL PL 34534	•	84	City	F	L 85 Z	Zip Code

ef Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature required w			
	OFFICERS AND DIRECTORS	-	13.	ADDITIONS/CHANGES TO OFFICER		
	D	DELETE	1.1 TITLE		☐ Change	Addition
;	BARNES, CLIFFORD H		1.2 NAME	~~		-
: Albung (S)	4000 COURT OFFIL CENTET CHITE 9		1.3 STREET ADDRESS		-	
T ZIP	FORT PIERCE FL 34954		1.4 CITY-ST-ZIP			<u></u>
		DELETE	2.1 TITLE		☐ Change	Addition
i			2.2 NAME			```
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		DELETE	3.1 TITLE		☐ Change	☐ Addition
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			3.3 STREET ADDRESS			
i algegess	j		3.4. CITY-ST-ZIP			
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	_	Decere	5.2 NAME			_
			5.3 STREET ADDRESS	•		
: 41474	·		1			
7 ZIP		l DELETE	5,4 CITY-ST-ZIP 6.1 TITLE		Change	Addition
	· -	DELETE	6.2 NAME			
ADDMESS	i''	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		100 100 C		
T 210	pertify that the information supplied with this filing does n		6.4 CITY-ST-ZIP	440.07/2\/i) Elorida Statutos I furtha	r cortify that the in	oformation

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, with all other like empowered.