

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000056793 (1)**

1. Corporation Name

BARBER BONDING AGENCY, INC.



Principal Place of Business

**417 PALM AVENUE
TITUSVILLE FL 32796**

Mailing Address

**417 PALM AVENUE
TITUSVILLE FL 32796**

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, I K
417 PALM AVENUE
TITUSVILLE FL 32796**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1305, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of corporation or authorized agent (Not Applicable)

Signature of Registered Agent (Signature required when re-established)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **PSD**
NAME: **SMITH, I K**
STREET ADDRESS: **417 PALM AVENUE**
CITY-STATE-ZIP: **TITUSVILLE FL**

1.1 TITLE: Change Addition

TITLE: DELETE

2.1 TITLE: Change Addition

TITLE: DELETE

3.1 TITLE: Change Addition

TITLE: DELETE

4.1 TITLE: Change Addition

TITLE: DELETE

5.1 TITLE: Change Addition

TITLE: DELETE

6.1 TITLE: Change Addition

TITLE: DELETE

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *I. K. Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96 407-269-0833
DATE DATE PHONE

CR2E034 (12/95)