

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000059514 (8)

1. Corporation Name  
BARIC, INC.



Principal Place of Business

3317 SHOAL LINE BLVD  
SPRING HILL FL 34607  
US

Mailing Address

3317 SHOAL LINE BLVD  
SPRING HILL FL 34607  
US

2. Principal Place of Business

21 3614 Eagle Nest Dr  
Suite, Apt. #, etc.

22

23 City & State  
Spring Hill, FL

24 Zip  
34607

25 Country  
HERNANDO

2a. Mailing Address

26 3614 Eagle Nest Dr  
Suite, Apt. #, etc.

27

28 City & State  
Spring Hill, FL

29 Zip  
34607

30 Country  
HER

3. Date Incorporated or Qualified  
06/18/1993

3a. Date of Last Report  
07/05/1995

4. FEI Number  
59-3197945

Applied For  
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. 193.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

DOTSON, JOHN M.  
111 McMullenbooth Rd.  
Clearwater FL 34619

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

Signature typed or printed name of registered agent (not applicable)

(Not applicable) Registered Agent signature required when incorporating

Date

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME DOTSON, JOHN M.  
STREET ADDRESS 111 McMullenbooth Rd.  
CITY-STATE-ZIP CLEARWATER FL

TITLE S  
NAME ZARTMAN, RICHARD L.  
STREET ADDRESS 3614 EAGLE NEST DR.  
CITY-STATE-ZIP SPRING HILL FL

TITLE VP  
NAME WAYNE SPEAKMAN  
STREET ADDRESS 3410 SHOAL LINE BLVD  
CITY-STATE-ZIP SPRING HILL, FL 34607

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP  
1.2 NAME WAYNE SPEAKMAN  
1.3 STREET ADDRESS 3410 SHOAL LINE BLVD  
1.4 CITY-STATE-ZIP SPRING HILL, FL 34607

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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)(A), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 APRIL 352-596-3800

CR2E034 (12/95)