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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 PO200095416

FILED Apr 21 1997 8:00am Secretary of State

DOCUMENT # P9300085416 (4) 1. Corporation Name LAWRENCE D. BARFIELD, JR. CONSTRUCTION, INC. Principal Place of Business B550 FRUITION AVE. FLORAL CITY FL 34436			ess N AVE.					
					 Date Incorporated or Quality 12/08/1993 		ate of Last F 14/1996	Report
2. Principal Pl	tace of Business	2a. Mailing Ad	ddress		4. FEI Number		A	pplied For
Suite, Apt #, etc. 27		·····	26 Suite, Apt. #, etc.		65-0456453			ot Applicable
		}			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
ony er stritt	<u> </u>	City & Sta	te		6. Election Campaign Financi	ng	\$5.00	May Be
3		28			Trust Fund Contribution		Added	to Fees
Zip D	Country	Z ₁ p		Country	8. This corporation has liabilit	y for intangible Yes		199.032,
4	25 25 Name and Address of		30 nt	— 	Florida Statutes 10. Name and Address of Ne			,
BAR	RFIELD, BARBARA A			81 Name				
8550 FRUITION AVE.				82 Street	Address (P.O. Box Number is Not Acc	fress (P.O. Box Number is Not Acceptable)		
FLO	RAL CITY FL 34436				Address (1.07 box Horrison to Hot Hoo			J
				83				
				84 City		*****	85 Zip	Code
				84 City		[-1		
I1. Pursuant office or r agent I a	to the provisions of Sections € egistered agent, or both, in th m familiar with, and accept th	607.0502 and 607.1508, Fl ne State of Florida. Such ch ne obligations of, Section 6	orida Statutes, th nange was autho 07.0505, Florida		corporation submits this statement for poration's board of directors. I hereby a	the purpose of accept the app	f changing pointment as	its registered registered
SIGNATURE	Signature, typed or punied name of regr OFFICE	stend agent and the if applicable	(NOTE: Regi	ne above-named rized by the corp Statutes. Istered Agent signature 13.	corporation submits this statement for poration's board of directors. I hereby a required when reinstating) ADDITIONS/CHANGES TO 0	the purpose of accept the app	DIRECTO	RS <u>IN</u> 12
SIGNATURE 12. NILE	Signature, typed or profed name of regr OFFICE	sterid agent and title if applicable RS AND DIRECTORS	(NOTE: Regi	ne above-named rized by the corp Statutes. stered Agent signature 13.	required when reinstating)	the purpose of accept the app		RS IN 12
SIGNATURE 12. IIILE SAVE	Signature, typical or pointed nation of region OFFICE D BARFIELD, LAWRENCE	sterid agent and title if applicable RS AND DIRECTORS	(NOTE: Regi	ne above-named rized by the corp Statutes. Statutes. 13. 11 TIYLE	required when reinstating)	the purpose of accept the app	DIRECTO	RS IN 12
SIGNATURE 12. HILE SAVE STREET ADDRESS	Signature, typed or profed name of regr OFFICE	Street agent and lite if applicable RS AND DIRECTORS D JR	(NÖTE: Regi	ne above-named rized by the corp Statutes. Statutes. 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS	required when reinstating)	the purpose of accept the app	DIRECTO	RS IN 12
SIGNATURE 12. HILE SAME STREEL ADDRESS CHY-ST-ZIP	OFFICE D BARFIELD, LAWRENCE 8550 FRUITION AVE. FLORAL CITY FL 34436	Street agent and lite if applicable RS AND DIRECTORS D JR	(NÔTE: Regi	ne above-named rized by the corp Statutes. Statutes. 13. 11 TIYLE	required when reinstating)	the purpose of accept the app	DIRECTO	RS IN 12
SIGNATURE 12. ITLE SAVE STREEL ADDRESS CHT - ST- ZIP ITLE	OFFICE D BARFIELD, LAWRENCE 8550 FRUITION AVE. FLORAL CITY FL 34436 D BARFIELD, BARBARA	Street agent and lite if applicable RS AND DIRECTORS D JR	(NOTE: Regi	ne above-named rized by the corp Statutes. Statutes. 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 City-S1-Zip	required when reinstating)	the purpose of accept the app	D DIRECTOR Change	RS IN 12
2. III.E AWE THELL ADDRESS ALLY ST- ZIP THE	D BARFIELD, LAWRENCE 8550 FRUITION AVE. FLORAL CITY FL 34436 D BARFIELD, BARBARA 8550 FRUITION AVE	Street agent and lite if applicable RS AND DIRECTORS D JR	(NOTE: Regi	ne above-named rized by the corp Statutes. Islered Agent signature 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-SI-ZIP 2.1 TITLE	required when reinstating)	the purpose of accept the app	D DIRECTOR Change	RS IN 12 Addilio
SIGNATURE 12. ITHE SAME STREET ADDRESS ONY ST-ZIP THE STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICE D BARFIELD, LAWRENCE 8550 FRUITION AVE. FLORAL CITY FL 34436 D BARFIELD, BARBARA	Steed agent and the if applicable RS AND DIRECTORS D JR	(NOTÉ: Regi DÉLÉTÉ DÉLÉTÉ	ne above-named rized by the corp Statutes. Istered Agent signature 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-SI-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-SI-ZIP	required when reinstating)	the purpose of accept the app	D DIRECTOI Change Change	RS IN 12 Addition
SIGNATURE 12. OTHE VAME STREEL ADDRESS OTH, ST-ZIP OTHE VAME STREEF ADDRESS OTHY, ST-ZIP OTHE	D BARFIELD, LAWRENCE 8550 FRUITION AVE. FLORAL CITY FL 34436 D BARFIELD, BARBARA 8550 FRUITION AVE	Steed agent and the if applicable RS AND DIRECTORS D JR	(NOTE: Regi	ne above-named rized by the corp Statutes. Istered Agent signature 13. 11 TIBLE 12 NAME 13 STREET ADDRESS 14 CITY-SI-ZIP 22 NAME 22 STREET ADDRESS 2 4 CITY-SI-ZIP 31 TIBLE	required when reinstating)	the purpose of accept the app	D DIRECTOR Change	RS IN 12 Addition
SIGNATURE 12. OTHE VAVE STREEL ADDRESS OHY, ST-ZIP OTHE OHY, ST-ZIP OTHE VAME VAME	D BARFIELD, LAWRENCE 8550 FRUITION AVE. FLORAL CITY FL 34436 D BARFIELD, BARBARA 8550 FRUITION AVE	Steed agent and the if applicable RS AND DIRECTORS D JR	(NOTE: Regi	ne above-named rized by the corp Statutes. Istered Agent signature 13. 11 TIBLE 12 NAME 13 STREET ADDRESS 14 CITY-SI-ZIP 21 TIBLE 22 NAME 23 STREET ADDRESS 2 4 CITY-SI-ZIP 31 TIBLE 32 NAME	required when reinstating)	the purpose of accept the app	D DIRECTOI Change Change	RS IN 12 Addition
SIGNATURE 12. THE STREEL ADDRESS CITY ST-ZIP THE STREEF ADDRESS CITY ST-ZIP THE VAME STREEF ADDRESS CITY ST-ZIP THE	D BARFIELD, LAWRENCE 8550 FRUITION AVE. FLORAL CITY FL 34436 D BARFIELD, BARBARA 8550 FRUITION AVE	Steed agent and the if applicable RS AND DIRECTORS D JR	(NOTE: Regi	ne above-named rized by the corp Statutes. stered Agent signature 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 City-S1-ZiP 2.2 NAME 2.2 STREET ADDRESS 2.4 CITY-S1-ZiP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	required when reinstating)	the purpose of accept the app	D DIRECTOI Change Change	RS IN 12 Addition
SIGNATURE 12. OTHE VAME STREEL ADDRESS CHY ST-ZIP OTHE VAME STREEF ADDRESS CHY-ST-ZIP OTHE VAME STREEF ADDRESS CHY-ST-ZIP CHY-ST-ZIP OTHE VAME STREEF ADDRESS CHY-ST-ZIP	D BARFIELD, LAWRENCE 8550 FRUITION AVE. FLORAL CITY FL 34436 D BARFIELD, BARBARA 8550 FRUITION AVE	Stored agent and the if applicable RS AND DIRECTORS D JR	(NOTE: Regi	ne above-named rized by the corp Statutes. Istered Agent signature 13. 11 TIBLE 12 NAME 13 STREET ADDRESS 14 CITY-SI-ZIP 21 TIBLE 22 NAME 23 STREET ADDRESS 2 4 CITY-SI-ZIP 31 TIBLE 32 NAME	required when reinstating)	the purpose of accept the app	D DIRECTOI Change Change	RS IN 12 Addition Addition
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SIGNATURE 12. HILE STREET ADDRESS CITY ST-ZIP HILE VAME STREET ADDRESS CITY-ST-ZIP EILE VAME STREET ADDRESS CITY-ST-ZIP EILE VAME VAME	D BARFIELD, LAWRENCE 8550 FRUITION AVE. FLORAL CITY FL 34436 D BARFIELD, BARBARA 8550 FRUITION AVE	Stored agent and the if applicable RS AND DIRECTORS D JR	(NOTE: Regi	ne above-named rized by the corp Statutes. stered Agent signature 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 City-S1-ZiP 2.2 NAME 2.2 STREET ADDRESS 2.4 CITY-S1-ZiP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-S1-ZIP 4.1 TITLE	required when reinstating)	the purpose of accept the app	D DIRECTOI Change Change	
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SIGNATURE 12. ITLE SAME STREET ADDRESS CITY ST-ZIP ITLE STREET ADDRESS	D BARFIELD, LAWRENCE 8550 FRUITION AVE. FLORAL CITY FL 34436 D BARFIELD, BARBARA 8550 FRUITION AVE	Streed agent and lite if applicable RS AND DIRECTORS D JR	(NOTE: Regi	ne above-named rized by the corp Statutes. stered Agent signature 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME	required when reinstating)	the purpose of accept the app	D DIRECTOI Change Change Change	RS IN 12 Addition Addition Addition
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EIGNATURE 2. ITLE AVE ITHELL ADDRESS SILY ST-ZIP ITLE ITLE	D BARFIELD, LAWRENCE 8550 FRUITION AVE. FLORAL CITY FL 34436 D BARFIELD, BARBARA 8550 FRUITION AVE	Street agent and lite if applicable RS AND DIRECTORS D JR	(NOTE: Regi	ne above-named rized by the corp Statutes. stered Agent signature 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 44 CITY-ST-ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 55 STREET ADDRESS 56 STREET ADDRESS 56 CITY-ST-ZIP	required when reinstating)	the purpose of accept the app	D DIRECTOI Change Change Change Change	RS IN 12 Addition Addition Addition Addition
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4. To hereby certuly that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(t), Florida Statutes. Humber 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 (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 only an attachment with an address.

AND REAL E. D. BARFIELD TR

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICES OF CHECTOR

2.4.97

1:352:344-4549 Dayline Phone #