FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 12:23

DOCUMENT # P93000088346 (0)

1. Corporation Name

BARTON FINANCIAL PLANNING CORP.

Principal Place of Business	Mailing Address
5361 ROCKING HORSE PLACE OVIEDO FL 32765	5361 ROCKING HORSE PLACE OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1993
3a. Date of Last Report: 06/13/1994

2. Principal Place of Business
21 124 NORTH DRIVE
Suite, Apt. #, etc. 22
City & State 23 Windermere, Florida
Zip 24 34786 Country 25 USA

2a. Mailing Address
26 P.O. BOX 3055
Suite, Apt. #, etc. 27
City & State 28 Windermere, Florida
Zip 29 34786 Country 30 USA

4. FEI Number: 59-3220965 ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KARBIENER, LOUIS R
5361 ROCKING HORSE PLACE
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name: KARBIENER, LOUIS R
82 Street Address (P.O. Box Number is Not Acceptable): 124 NORTH DRIVE
83
84 City: WINDERMERE FL 85 Zip Code: 34786

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: Louis R. Karbiener, President DATE: 3/22/95
(If changing Registered Agent, Registered Agent must sign above.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	KARBIENER, LOUIS R	12 NAME	KARBIENER, LOUIS R.
STREET ADDRESS	5361 ROCKING HORSE PLACE	13 STREET ADDRESS	124 NORTH DRIVE
CITY ST ZIP	OVIEDO FL 32765	14 CITY ST ZIP	WINDERMERE, FL 34786
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST 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)(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 changed or added to the report with an address.

SIGNATURE: Louis R. Karbiener 3/22/95 (407) 876-7677
SIGNATURE AND TYPED OR PRINTED NAME OF MANDING OFFICER OR DIRECTOR — Date — Daytime Phone #