SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 25 AM 8:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000020701 (6)**

1. Corporation Name
BARNES ENTERPRISES OF ORLANDO, INC.

Principal Place of Business	Mailing Address
1118 ZACHARY WAY ORLANDO FL 32825	1118 ZACHARY WAY ORLANDO FL 32825

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/17/1994
3a. Date of Last Report: First Report

2. Principal Place of Business: 21 5322 Silver Star Road
Suite, Apt. #, etc.: 22
City & State: 23 Orlando, FL
Zip: 24 32808 Country: 25

2a. Mailing Address: 26 8712 Old Winter Garden Rd.
Suite, Apt. #, etc.: 27
City & State: 28 Orlando, FL
Zip: 29 32835 Country: 30

4. FEI Number: 59-3242919 ☐ 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

BARNES, SHARON
1118 ZACHARY WAY
ORLANDO FL 32825

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 8712 Old Winter Garden Rd.
83
84 City: Orlando, FL 85 Zip Code: 32835

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	XX Change ☐ Addition
NAME	BARNES, ZELMA	12 NAME	
STREET ADDRESS	1118 ZACHARY WAY	13 STREET ADDRESS	8712 Old Winter Garden Rd.
CITY-ST-ZIP	ORLANDO FL 32825	14 CITY-ST-ZIP	Orlando, FL 32835
TITLE	D	21 TITLE	XX Change ☐ Addition
NAME	BARNES, SHARON	22 NAME	
STREET ADDRESS	1118 ZACHARY WAY	23 STREET ADDRESS	8712 Old Winter Garden Rd.
CITY-ST-ZIP	ORLANDO FL 32825	24 CITY-ST-ZIP	Orlando, FL. 32835
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BARNES, SHARYL	32 NAME	
STREET ADDRESS	3519 AMIGOS	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32808	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BARNES, DUANE	42 NAME	
STREET ADDRESS	626 S. HIAWASSEE	43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32811	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	

CR2E034 (3/95)

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 on an attachment with an address.

SIGNATURE: Zelma E Barnes Zelma E. Barnes 7/19/95 1407292749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014297 CP