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 MAY -1 AM 10:03

DOCUMENT # P94000044333 (0)

1. Corporation Name
BARRON-WHITE, INC.

Principal Place of Business	Mailing Address
1012 GOODLETTE RD. SUITE 100 NAPLES FL 33940	1012 GOODLETTE RD. SUITE 100 NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1994
3a. Date of Last Report:

2. Principal Place of Business
21: c/o 2335 Tamiami Tr. North
Suite, Apt. #, etc. 22: 501
City & State 23: Naples, FL
Zip 24: 33940 County 25: USA

2a. Mailing Address
26: same
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: County 30:

4. FEI Number: 65-0500729 ☐ 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
7. This corporation has elected to be taxed under S. 220.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

COURINGTON, KENNETH R
~~1012 GOODLETTE RD.~~
~~SUITE 100~~
~~NAPLES FL 33940~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): c/o 2335 Tamiami Tr. N. #501
83:
84 City: Naples, FL 85 FL Zip Code: 33940-4459

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: 5/1/95
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	11 TITLE	☐ Change ☐ Addition
NAME	COURINGTON, Kenneth R.	12 NAME	
STREET ADDRESS	c/o 2335 Tamiami Tr.N. #501	13 STREET ADDRESS	
CITY ST ZIP	Naples, FL 33940-4459	14 CITY ST ZIP	
TITLE	Vice President/Secretary	21 TITLE	☐ Change ☐ Addition
NAME	ARWOOD, Ralph	22 NAME	
STREET ADDRESS	c/o 2335 Tamiami Tr. N. #501	23 STREET ADDRESS	
CITY ST ZIP	Naples, FL 33940-4459	24 CITY ST ZIP	
TITLE	Treasurer/Assistant Secretary	31 TITLE	☐ Change ☐ Addition
NAME	JORDAN, Jacob H.	32 NAME	
STREET ADDRESS	c/o 2335 Tamiami Tr. N. #501	33 STREET ADDRESS	
CITY ST ZIP	Naples, FL 33940-4459	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	

REMITTED BY MAY 1

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 above, or on an attachment with an address.

SIGNATURE: Kenneth R Courington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95
Date

(813)263-0011
Daytime Phone #

0327853 CP