FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P94000049985 (2)**

1. Corporation Name
G.L. BARRETT & ASSOCIATES, SECURITIES INCORPORATED

Principal Place of Business	Mailing Address
5401 W. KENNEDY BLVD. SUITE 171 TAMPA FL 33609	5401 W. KENNEDY BLVD. SUITE 171 TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1994

4. FEI Number: 59-3255079 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 10008 N. Dale Mabry Hwy	26 SAME
Suite, Apt. #, etc. 22 216	Suite, Apt. #, etc. 27
City & State 23 Tampa, FL	City & State 28
Zip / Country 24 33618 / 25 U.S.	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BARRETT, RICHARD
5401 W. KENNEDY BLVD.
SUITE 171
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable): 10008 N. Dale Mabry Hwy.
83: Ste. 216
84 City: Tampa **FL** 85 Zip Code: 33618

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] MANAGING Director, Richard Barrett 4/30/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDV	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STALLINGS, MICHAEL & CYNT		1.2 NAME		
STREET ADDRESS	15708 JERICHO DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ACCARDI, JOHN		2.2 NAME		
STREET ADDRESS	4604 WESTFORD CR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LIJOI, VINCE		3.2 NAME		
STREET ADDRESS	10123 SEA SPRAY PL.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BARRETT, RICHARD		4.2 NAME		
STREET ADDRESS	907 BALMORAL PL.		4.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing 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: [signature] 4/30/98 (813) 754-4747