

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000077890 (9)

1. Corporation Name

BARAKEL, INC.



Principal Place of Business

4 NORTH MAIN STREET
ALACHUA FL 32615

Mailing Address

P.O. BOX 1192
ALACHUA FL

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CLAYTON, MARILYN
4423 NW 202 STREET
NEWBERRY FL 32669

3. Date Incorporated or Qualified
10/17/1994

3a. Date of Last Report
05/01/1995

4. FFI Number
59-3285933

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1014 N. W. 57th Street

83

84 City
Gainesville

85 Zip Code
FL 32605

11. Pursuant to the provisions of Sections 607.0702 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

Marilyn Clayton

Marilyn Clayton

2/8/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PTS
CLAYTON, MARILYN
4423 NW 202 STREET
NEWBERRY FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
211111

22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP
311111

32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP
411111

42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP
511111

52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP
611111

62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1014 N.W. 57th Street
Gainesville, FL 32605

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(k), 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:

Marilyn Clayton

Marilyn Clayton, President 2/8/96 352-332-8333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)