

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000092349 (7)**

1. Corporation Name

CAROL DUNN BARRON, P.A.



Principal Place of Business

**250 AUSTRALIAN AVE. SOUTH
SUITE 1504
W PALM BEACH FL 33401**

Mailing Address

**250 AUSTRALIAN AVE. SOUTH
SUITE 1504
W PALM BEACH FL 33401**

3. Date Incorporated or Qualified
12/19/1994

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

2a. Mailing Address

21 **622 SOUTH OLIVE AVENUE**

26 **622 SOUTH OLIVE AVENUE**

4. FEI Number
65-0542644

Applied For
☐ Not Applicable

22 **WEST PALM BEACH**

27 **WEST PALM BEACH**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State
23 **FLORIDA**

City & State
28 **FLORIDA**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip
24 **33701**

Country
25 **PALM BEACH**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

Country
29 **33701**

Country
30 **PALM BEACH**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARRON, CAROL D
250 AUSTRALIAN AVENUE SO.
SUITE 1504
W PALM BEACH FL 33401**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
BARRON, CAROL D.
250 S AUSTRALIAN AVE #1504
WEST PALM BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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:

Carol Dunn Barron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

**407
835-0343**

Date

Daytime Phone #

CR2E034 (12/95)