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FILED  
Feb 09 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P95000017850 (5)

1. Corporation Name

BARROW SCHURRER ASSOCIATES, INC.

Principal Place of Business

215 N. EOLA DRIVE  
ORLANDO FL 32801

Mailing Address

215 N. EOLA DRIVE  
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1995

4. FEI Number

59-3307829

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

JOHNSON, LORAN A  
215 N. EOLA DRIVE  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SCHURRER, RICHARD C  
STREET ADDRESS 612 TIMBERWILDE CT  
CITY-ST-ZIP WINTER SPRINGS FL

TITLE ~~VPTD~~ ☐ DELETE

NAME ~~BARROW, ROBERT B.~~  
STREET ADDRESS ~~15076 WETHERBURN CT.~~  
CITY-ST-ZIP ~~CENTREVILLE VA~~

TITLE ~~VPOD~~ ☐ DELETE

NAME ~~SCHURRER, JEFFREY K.~~  
STREET ADDRESS ~~15076 WETHERBURN CT.~~  
CITY-ST-ZIP ~~CENTREVILLE VA~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME BARROW, ROBERT B.  
2.3 STREET ADDRESS 612 TIMBERWILDE CT  
2.4 CITY-ST-ZIP WINTER SPRINGS, FL

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME SCHURRER, JEFFREY K.  
3.3 STREET ADDRESS 612 TIMBERWILDE CT  
3.4 CITY-ST-ZIP WINTER SPRINGS, FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 *Richard C. Schurrer* RICHARD C SCHURRER 1-16-98 (A07)377-0240

CR2E034 (10/97)