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 # P95000025763 (0)

1. Corporation Name
SUSAN E. BARNES, P.A.

Principal Place of Business	Mailing Address
227 S. ORLANDO AVE. SUITE B WINTER PARK FL 32789	227 S. ORLANDO AVE. SUITE B WINTER PARK FL 32789

2. Principal Place of Business: 1609 Alden RD.
Suite, Apt. #, etc.: ORLANDO
City & State: FL
Zip: 32803 Country: USA

2a. Mailing Address: P.O. Box 3563
Suite, Apt. #, etc.:
City & State: ORLANDO FL
Zip: 32802 Country: USA

3. Date Incorporated or Qualified: 03/31/1995
3a. Date of Last Report: not applicable
4. FEI Number: 59-3303849 ☐ 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

9. Name and Address of Current Registered Agent
BARNES, SUSAN E ESQ.
227 S. ORLANDO AVE.
SUITE B
WINTER PARK FL 32789

10. Name and Address of New Registered Agent
Name: Same
Street Address (P.O. Box Number is Not Acceptable): 1609 Alden RD.
City: ORLANDO FL Zip Code: 32803

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 ______

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BARNES, SUSAN E ESQ.	
STREET ADDRESS	227 S. ORLANDO AVE., SUITE B	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Same	☒ Change ☐ Addition
1.2 NAME	same	
1.3 STREET ADDRESS	1609 Alden RD.	
1.4 CITY-ST-ZIP	ORLANDO FL 32803	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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: Susan E Barnes SUSAN E. BARNES 4-18-69
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daytime Phone #: 407-896-9525

CR2E034 (12/95)