FILED
Jun 17 1997 8:00am
Secretary of State

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P95000045313
Corporation Name
BAR-J, INC.

[redacted]

Principal Place of Business	Mailing Address
3485 Highway 405 Titusville, Florida 32780	3898 P.O. Box 5668 Titusville, Fl. 32780

21. Principal Place of Business Titusville, Fl. → New address	25. Mailing Address 3898 Bobbi LN.	3. Date Incorporated or Qualified 7/95	3a. Date of Last Report 96
Street, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3319283	Applied For Not Applicable
City & State 23. Titusville, Fl.	City & State 28. Same	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 24 / 26	Zip / Country 29. 32780 / 30. Brevard	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.023 Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Jack A. Gordon 3485 Highway 405 Titusville, Florida 32780	81. Name: Same 82. Street Address (P.O. Box Number is Not Acceptable): 3898 Bobbi LN. 83. 84. City: Titusville FL 85. Zip Code: 32780

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: Barbara O. Gordon (Pres) Jack A Gordon (Sec) (Treas) DATE

(Type or print name of registered agent and title if applicable. NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	13.1 TITLE / 13.2 NAME / 13.3 STREET ADDRESS / 13.4 CITY-ST-ZIP	☐ Change ☐ Addition
PTD BARBARA O. GORDON 4001 SAXON DRIVE NEW SMYRNA BEACH, FL 32169	☐ DELETE	14.1 TITLE / 14.2 NAME / 14.3 STREET ADDRESS / 14.4 CITY-ST-ZIP	☐ Change ☐ Addition
TTD JACK A. GORDON 4001 SAXON DRIVE NEW SMYRNA BEACH, FL 32169	☐ DELETE	15.1 TITLE / 15.2 NAME / 15.3 STREET ADDRESS / 15.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	16.1 TITLE / 16.2 NAME / 16.3 STREET ADDRESS / 16.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	17.1 TITLE / 17.2 NAME / 17.3 STREET ADDRESS / 17.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	18.1 TITLE / 18.2 NAME / 18.3 STREET ADDRESS / 18.4 CITY-ST-ZIP	☐ Change ☐ Addition 100002215511 -06/18/97--01030--027 ***165.00
	☐ DELETE	19.1 TITLE / 19.2 NAME / 19.3 STREET ADDRESS / 19.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E023 (6/96)

CS
6/17/97

14. I do 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.

Barbara O. Gordon (Pres.) Jack A Gordon (Sec + Tres.)