SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

DIVISION OF CORPORATIONS

9

1996

DOCUMENT # P95000056579 (2)

BARNE	IT MAHINE, INC.								
Principal Place of Business			Mailing Address					AI (1) (1)	8
1325C DEL P CAPE CORAL			325C DEL PRADO BLV APE CORAL FL 33990						
							3. Date Incorporated or Qual fied 07/20/1995	3a. Da	ate of Last Report
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number		Applied For
21		26					45-0605960	2	Not Applicable
Suite, Apt. # etc.			Suite Apt #, etc T				5. Certificate of Status Desired	Γ	\$8.75 Additional
City & State			27 City & State					<u> </u>	Fee Required
23			28			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be	
Zip Country			Zip Cour				8. This corporation has liability for intangible tax under sides 199.032.		Added to Fees
24			30		•		Florida Statutes Yes No		
	9. Name and Address of Cur	29 rent Regist	ered Agent				10. Name and Address of New Re	-	
CA	RY, D.W.				81	Name			
5320 DELANO CT.					82	Street Ad	ddress (P.O. Box Number is Not Acceptab	[6)	· · · · · · · · · · · · · · · · · · ·
CAPE CORAL FL 33904							Vice production and the contract of the contra		
					83				
					84	City		FL	85 Zip Code
l ousce our	to the provisions of Sections 607 (egistered agent or both, in the St m familiar with, and accept the ob	ate of Fiorid	a. Such change was :	autnoriz€	id by:	riamed co the corpor	rporation submits this statement for the pu ation's board of directors. Thereby accept	—— —	changing its registered intrient as registered
SIGNATURE	·								
12.	Separation typed or pinted outside of registered					ncs guature re	quired when reinstating)	OA's	
TITLE	D	AND DIREC	DELETE	13	TIFLE		ADDITIONS/CHANGES TO OFFIC	ERS AND	
NAME	BARNETT, R. WILLIAM				NAME		Custs [1] Aut		Change Addition
STREET ADDRESS	1325C DEL PRADO BLVD					ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33990				CITY - S				
TITLE	VINE OVINE I E 00000		DELFTE		TITLE	!-4"			Change Addition
NAME				2.2 NAME				L	
STREET ADDRESS				2.3	STREET	ADDRESS			
CITY-ST-ZIP				2 4	CITY - S	ST - ZIP			
TITLE			DELETE		TITLE				Change Addition
NAME				32	NAME				
STREET ADDRESS				3.3	STHEET	ACIDRESS			
CITY - ST - ZIP				34	CHY-S	ST - Z/P			
TITLE			Delete	4 1	TITLE			L	Change [Add-bon
NAME					NAME				
STREET ADORESS						ADDRESS			
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·		DELÉTE	/	CHY S	T-Z-P	<u></u>	··	
NAME			□ Deceig		THEF			L	Change Addition
STREET ADDRESS					NAME OTOTET	ADODGGG			
CITY - \$T - ZIP						ADGRESS 5.700			
TILE			DELETE	·	CITY S' TITLE	1 · ZIP		Т	Change Addition
NAME				ı	NAME			L	outlier [] volution
STREET ADDRESS						ADDRESS			1
C171/ C1 7/D				(3)	onitti.	eroput do			

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 1 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 Chipter 617, Florida Statutes, and that my name appears in Block 13 if changed or on an attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Life

Discretizes

On the College Signing Officer or Director or Dir

6-18-96 941-542-0456