## 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 # P95000064550 (3)

## B.W. BARKS ENTERPRISES, INC.

Principal Place of Business Mailing Address **BOI EAST 20TH STREET 801 EAST 20TH STREET** SANFORD FL 32771 SANFORD FL 32771-3509 3. Date Incorporated or Qualified 3a. Date of Last Report 08/21/1995 04/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3332828 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite. Ant #. etc 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country  $Z_{\rm ID}$ Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BARKS, BARRY W **801 EAST 20TH STREET** Street Address (P.O. Box Number is Not Acceptable) SANFORD FL 32771 83 City 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, typind or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS 12. 13. 96/6) Change Addition TITLE DELETE 11 TITLE BARKS, BARRY W 1.2 NAME NAME **801 EAST 20TH STREET** 1.3 STREET ADDRESS STREET ADDRESS SANFORD FL 32771 1.4 CHTY-ST-ZIP CITY-ST-7IP DELETE Change Addition 21 TITLE THILE NAME. 22 NAME STREET ADDRESS 23 STREET ADDRESS 2 4 CITY - ST - ZIP CITY - ST - ZIF DELETE Change Addition 31 TITLE THUE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP City-St 7# DELETE Change Addition 4.1 TITLE Tille 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition 6.1 SITLE TITLE 6.2 NAME NAV: 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY - S1 - ZIP

14. I do horeby 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 proporation 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 in changed, or on an attachment with a address.

SIGNATURE

4-2797 407-32/-97/9

**FILED** 

May 08 1997 8:00am

Secretary of State