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PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000075492 (5)**

1. Corporation Name
FORT BARTON STABLES, INC.

Principal Place of Business
2881 EAST OAKLAND PARK
SUITE 300
FT. LAUDERDALE FL 33306

Mailing Address
2881 EAST OAKLAND PARK
SUITE 300
FT. LAUDERDALE FL 33306

3. Date Incorporated or Qualified: 09/25/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 HC 2 BOX 8204-A	26 2101 N. ANDREWS AVENUE
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27 SUITE 200
City & State 23 TALLAHASSEE, FL	City & State 28 FORT LAUDERDALE, FL
Zip 24 32310 Country 25 U.S.A.	Zip 29 33311 Country 30 U.S.A.

4. FEI Number: 59-3336893 ☐ 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

BIRR, JAMES O JR
2881 EAST OAKLAND PARK
SUITE 300
FT. LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81 Name: BIRR, JAMES O., JR.
82 Street Address (P.O. Box Number is Not Acceptable): 2101 N. ANDREWS AVENUE
83 SUITE 200
84 City: FORT LAUDERDALE FL 85 Zip Code: 33311

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] JAMES O. BIRR, JR., ESQ. 5/2/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P BARTON, LONNIE D. HC 2 BOX 8204-A TALLAHASSEE, FL 32310 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP BARTON, NADINE J. HC 2 BOX 8204-A TALLAHASSEE, FL 32310 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S/T FORSMAN, BURTON J. 3419 APALACHEE PARKWAY TALLAHASSEE, FL 32311 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] BURTON J. FORSMAN 5/1/96 (904) 877-7329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)