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 # P9600029779 (1)

BARKER REALTY & MANAGEMENT, INC.

Principal Place of Business Mailing Address 1182-H TAMIAMI TRAIL 1182-H TAMIAMI TRAIL PORT CHARLOTTE FL 33953 PORT CHARLOTTE FL 33953-3841 3. Date Incorporated or Qualified 3a. Date of Last Report 04/04/1996 2. Principal Place of Business 2a. Mading Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees $Z_{\rm ID}$ Country 8. This corporation has liability for intangible tax under s. 199.032. 24 🔀 Yes 🔲 No 29 30 25 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GUNDERSON, MIKO P Name % BATSEL, MCKINLEY, ITTERSAGEN ET AL., Street Address (P.O. Box Number is Not Acceptable) 1861 PLACIDA RD., STE. 204 ENGLEWOOD FL 34223 83 84 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 Stgrature, typed or printed 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 IN 12 (96/6) DELETE DILLE 1.1 TITLE Change Addition BARKER, STEVENS G NAME 1.2 NAME 1182-H TAMIAMI TRAIL STREET ADDRESS 1.3 STREET ADDRESS PORT CHARLOTTE FL 33953 City-St-7-P 1.4 CITY - ST - ZIP □ DELETE THILE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZE DELETE TITLE 3.1 TITLE Change Addition

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

3.2 NAME

4 1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

3.4. CITY - \$1 - ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

HILE

NAME

TIME

NAME

THLE

NAME.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST- ZIP

CITY - \$1 - 20

IGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-47 941-6242406

Change

Change

☐ Change

Addition

Addition

Addition

FILED

Apr 25 1997 8:00am

Secretary of State