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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000038299**

FILED Apr 06, 1999 8:00 am Secretary of State 04-06-1999 90025 040 ***150.00

| JEFF & CINDY BARNES & ASSOCIATES, INC. | | | | <i>.</i> | |
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| <u></u> | · · · · · · · · · · · · · · · · · · · | | | | |
| } ' | ce of Business | Mailing Address | | | |
| 2930 EAST LAKE HARTRIDGE DRIVE 2930 EAST LAKE HARTRIDGE WINTER HAVEN FL 33881 WINTER HAVEN FL 33881 | | | GE DRIVE | | • |
| WINIER MAVE | N FL 33001 | WINTER HAVEN FL 33881 | | DO NOT WRITE IN | N THIS SPACE |
| { | | | | 3. Date Incorporated or Qualifed | |
| | | | | 04/29/1996 | |
| Principal Place of Business 2a. Mailing Address | | | | 4. FEI Number | Applied For |
| 21 26 | | | | 59-3387264 | Not Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | 5. Certifcate of Status Desired | \$8.75 Additional |
| 22 | | | | . Cerdicate of Status Desired | Fee Required |
| <u> </u> | City & State City & State | | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | 28 | | <u>-</u> | Trust Fund Contribution | Added to Fees |
| <u> </u> | | | Country | 8. This corporation owes the current y | |
| 24 | 9. Name and Address of Current | | 30 | Personal Property Tax. | Yes No |
| <u> </u> | 5. Name and Address of Current | Registered Agent | 81 Name | 10. Name and Address of New Regis | tered Agent |
| BARNES, CYNTHIA M | | | | | |
| 2930 EAST LAKE HARTRIDGE DRIVE | | | 82 Street A | Address (P.O. Box Number is Not Acceptable) | |
| WINTER HAVEN FL 33881 | | | 83 | | |
| [| • | | | | |
| | | | 84 City | | FL 85 Zip Code |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statute: | s, the above-named o | corporation submits this statement for the purp | nea of changing its conistered |
| 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. | | | | | |
|] - | / with the discorpt the configure | 51, 500acii 547,0006, 1 loi k | oa ototutes. | • | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: F | Registered Agent signature rec | Quired when reinstating) Di | ATE |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICE | RS AND DIRECTORS IN 12 |
| TITLE | VSTD | ☐ DELETE | 1,1 TTLE | | ☐ Change ☐ Addition |
| NAME | BARNES, CYNTHIA M | | 1.2 NAME | | ł |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | WINTER HAVEN FL 33881 | | 1.4 CITY-ST-ZIP | * | |
| TITLE | PD PAONEO (EEEDV D | ☐ DELETE | 2.1 TITLE | • | Change Addition |
| NAME | BARNES, JEFFRY D | | 2.2 NAME 2.3 STREET ADDRESS | | j |
| STREET ADDRESS | | | | | ł |
| CITY-ST-ZIP - | WINTER HAVEN FL 33881 | DELETE | 2.4 CITY_ST-ZIP | <u> سيمان ميسي من پيدو ساميوس سيست بيدون در بيست بيدون در بي</u> | |
| NAME I | | רן מבנבוב | 3.1 TITLE | | ☐ Change ☐ Addition |
| 1 | <i>,</i> | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | } |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | LJ OCICIC | 4.2 NAME | | ☐ Change ☐ Addition |
| STREET ADDRESS | | | | | ţ |
| CITY-ST-ZIP | | | 4.3 STREET ADDRESS | | |
| TITLE | | DELETE | 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| NAME | | <u> </u> | 5.2 NAME | | . Doughês Dividendu |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | c DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | ý | 6.2 NAME | \$ \$ \to \tau_1 | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | - 1 |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | , | |
| | | | | | |

I 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, with all other like empowered.

SIGNATURE: