FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

23

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ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # **P96000038836** (8)

Country

25

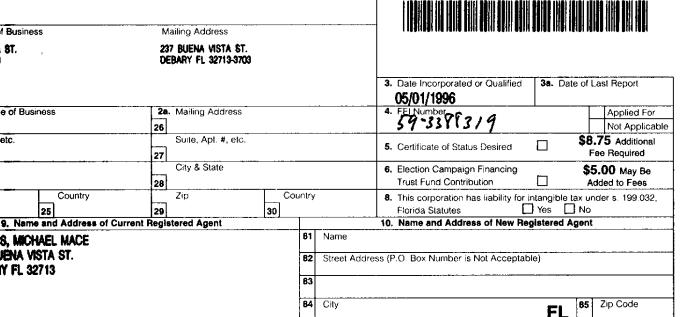
MORRIS, MICHAEL MACE 237 BUËNA VISTA ST.

DEBARY FL 32713

BARREL BOARD COMPANY, INC.

Principal Place of Business	Mailing Address	
277 BUENA VISTA ST. DEBARY FL 32713	237 BUENA VISTA ST. DEBARY FL 32713-3703	

FILED Feb 06 1997 8:00am Secretary of State



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

SIGNATURE .	Signature, typed or printed name of registered agent and title if applicable	(NOTE F	Registered Agent signature req	quired when re-estating) DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12
TITLE	D	DELETE	1.1 TOTLE	☐ Change	Addition
NAME	MORRIS, MICHAEL M		1 2 NAME		
STREET ADDRESS	237 BUENA VISTA ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	DEBARY FL 32713		1.4 CITY - ST - ZIP		
TITLE		DELETE	21 TITLE	Change	Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	Change	Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	☐ Change	Addition
NAME			4. 2 NAME	•	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE	200002081712°°° -02/07/9701048025	Addition
NAME			5.2 NAME	-02/07/9701048025	
STREET ADDRESS			5.3 STREET ADDRESS	***165.00	
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE	☐ Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	VB 2-	1

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 appears in Block 12 or Block 13