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FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000072056 (0)**

1. Corporation Name
BARSCO, INC.

Principal Place of Business
913 23RD STREET, NORTH
JACKSONVILLE FL 32250

Mailing Address
913 23RD STREET, NORTH
JACKSONVILLE FL 32250-2765

3. Date Incorporated or Qualified: **08/09/1996**
3a. Date of Last Report: —

2. Principal Place of Business
21
Suite, Apt. #, etc. 22: 361 Ahern St
City & State 23: Atlantic Beach, FL
Zip 24: 32233
Country 25: Duval

2a. Mailing Address
26: PO Box 331298
Suite, Apt. #, etc. 27: Atlantic Bch, FLA
City & State 28:
Zip 29: 32233
Country 30: Duval

4. FEI Number: 59-3398221 — 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
MARLOW, WHITE LEWIS & WHITE
216 WEST COLLEGE AVENUE
SUITE 201
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: SAME — FL — 85 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	WHITE, THOMAS P	
STREET ADDRESS	913 23RD STREET, NORTH	
CITY-ST-ZIP	JAACKSONVILLE BEACH FL 32250	
TITLE	D	☐ DELETE
NAME	RIIK, NORA M	
STREET ADDRESS	521 SOUTH STREET	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	
TITLE	D	☐ DELETE
NAME	WHITE, JAMES M	
STREET ADDRESS	527 DAVIS STREET	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas P White 5/10/97

CR2E034 (9/96)