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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

P96000076009 (5)

J & G BARNES, INC.

				<u> </u>		
Principal Place of Business Mailing Address) iamiidat ita testa antit aditt dutt batti di	1411 18818 Billi 28111 Billi 1811 1881	
1529 LISENBY AVENUE 1529 LISENBY AVENUE PANAMA CITY FL 32405 PANAMA CITY FL 32405		•				
		PANAMA CITY FL 32405		DO NOT WRITE IN THIS SPACE		
[3. Date Incorporated or Qualified	7.110 07.102	
				09/10/1996		
2. Principal Place of Business 2		2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3395929	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Definicate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	- ₋	Trust Fund Contribution		
Zip	Country	Zip	Country	8. This corporation owes or has paid th		
24	25 Address of Curr	29 Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registre	Yes No	
9. Name and Address of Current Registered Agent DADNEC IANCO W 81 Name				TO. Name and Address of New Registi	ereo wgant	
DARNES, JAMES W						
1529 LISENBY AVENUE			B2 Street Add	ress (P.O. Box Number is Not Acceptable)		
PANAMA CITY FL 32405			R3	83		
			**		•	
			84 City		FL 85 Zip Code	
11. Pursuan	t to the provisions of Sections 607.05	502 and 607 1508, Florida Sta	itules, the above-named cor	poration submits this statement for the purportion's board of directors. I hereby accept the	ose of changing its registered	
egent. I	registeren agent, or both, to mekta am familiar with and pacent the obli	ig of rionaa. Such change w igatops of Section 607-0505.	as authorized by the corpora , Florida Statutes	tion's board of directors. I nereby accept the	appointment as registered	
SIGNATURE		WHILL	MO/) _		フィータと	
	Signaty's, typed or printed name of nigistered a		NO1E: Registered Agent signature requ		ME	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition	
NAME	BARNES, JAMES W		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL 32405	Aci Fee	1.4 CITY - ST - ZIP			
TITLE	STO	☐ DELETE	2.1 TITLE		Change Addition	
NAME	BARNES, GLORIA M		2.2 NAME			
STREET ADDRESS	,		2.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL 32405	DELETE	2. 4 CITY-ST-ZIP		Change Addition	
TITLE	1	L'1 OFFEIF	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS	6		3.3 STREET ADDRESS			
CITY-ST-ZIP		DELEGE.	3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	

6.4 CITY-ST-ZIP

14. 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 suppliemental 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 trusted impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged or on an attachment with an address.

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS 4.4 City-St-Zip

5 3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

SIGNATURE: AMIO LA QUINDA

414-98

Change

Addition

Addition

FILED

Apr 22 1998 8:00am

Secretary of State