

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

1012

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**

97 JUL 28 AM 9:15

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P96000082166 (5)**

1. Corporation Name  
**BARBARA ANN, INC.**



Principal Place of Business  
**1425 ANCHOR LANE  
 MERRITT ISLAND FL 32952**

Mailing Address  
**1425 ANCHOR LANE  
 MERRITT ISLAND FL 32952-5876**

<b>3.</b> Date Incorporated or Qualified <b>10/04/1996</b>	<b>3a.</b> Date of Last Report
<b>4.</b> FEI Number <b>63-0733060</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

**9. Name and Address of Current Registered Agent**  
**STEVENS, SHELDON D ESQ.  
 % STEVENS & MENYHART, P.A.  
 160 MCLEOD ST.  
 MERRITT ISLAND FL 32953**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PSTD</b>	<input type="checkbox"/> DELETE
NAME	<b>HANSLEY, BARBARA B</b>	
STREET ADDRESS	<b>1425 ANCHOR LANE</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32952</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

100002252541  
 -07/30/97--01071--003  
 \*\*\*\*165.00 \*\*\*\*165.00

*Handwritten signature/initials*

**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 \_\_\_\_\_ SIGNATURE REQUIRED

CR2E034 (9/96)

2082

Florida Department of State  
Division Of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Barbara Ann  
1425 Anchor Lane  
Merritt Island, Florida 32952  
Ref. Number P96000082166

To Whom It May Concern:

Thank you for giving me the chance to send the documents so you can understand my state of mind which resulted in my neglecting to file my annual report.

My husband passed-away April 11, 1994 and I was left with two boats one in VA and the other in FL. Things had very bad before my husband died and didn't seem to get any better afterwards. I had to bring the Barbara Ann from VA down here then I mortgaged my home so I could pay to switch it to shrimping. On Sept. 26, 1996 the other boat sunk at the dock no one knows why it sunk. The state gave me seven day in which to get it off the bottom. I tried to get it up but all the people wanted the money up front and I just didn't have it. I think when I was told when to file the annual report I just never heard it right. I was so concerned about the boat then later I was concerned with the fines that I have been blessed not to have to pay the full amount. I use to do the things that I was suppose to do on time but since my husband of 37 years died I have just not been myself.

Thank you for helping me and I hope these documents help you understand.

Sincerely,

*Barbara B Hansley*

Barbara B Hansley