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Apr 25 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 # P96000100407 (1)

1. Corporation Name
RED BARROW, INC.

Principal Place of Business
1155 49TH AVE.
VERO BEACH FL 32966

Mailing Address
1155 49TH AVE.
VERO BEACH FL 32966-2855



3. Date Incorporated or Qualified
12/12/1996
3a. Date of Last Report
NA

4. FEI Number
65-0714845
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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 6190
Suite, Apt. #, etc.

22 City & State

27 City & State
VERO BEACH, FL

23 Zip Country

28 Zip Country
32961 INDIAN RIVER

24 25 29 30
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAVES, A. JULIA ESQ.
2205 14TH AVE.
VERO BEACH FL 32960

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME GRAVES, J. HUBERT
STREET ADDRESS 1155 49TH AVE.
CITY - ST - ZIP VERO BEACH FL 32966

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME S/T
2.3 STREET ADDRESS GRAVES, JEANNE S.
2.4 CITY - ST - ZIP 4575 ROSEDALE RD.
VERO BEACH, FL 32966

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME D
3.3 STREET ADDRESS HOOVER, JANE GRAVES
3.4 CITY - ST - ZIP 4400 ROSEWOOD BLVD
VERO BEACH, FL 32966

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME D
4.3 STREET ADDRESS BARTLETT, JEANNE GRAVES
4.4 CITY - ST - ZIP 4575 ROSEDALE RD.
VERO BEACH, FL 32966

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME VP
5.3 STREET ADDRESS GRAVES, JULIA A.
5.4 CITY - ST - ZIP 4575 ROSEDALE RD.
VERO BEACH, FL 32966

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: J. HUBERT GRAVES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97

Date

561-562-7361

Daytime Phone # 0001321

CR2E034 (9/96)