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FILED

Jun 29 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000088751 (7)

1. Corporation Name  
BARBER PROPERTIES, INC.

Principal Place of Business

103 AVENUE A N.W.  
WINTER HAVEN FL 33881

Mailing Address

103 AVENUE A N.W.  
WINTER HAVEN FL 33881

DO NOT WRITE IN THIS SPACE



2. Principal Place of Business

21 Hillsborough Co.

Suite, Apt. #, etc.

22

City & State

23 THUNDERBOLT FL

Zip

24 33592

Country

25 USA

2a. Mailing Address

26 P.O. Box 1581

Suite, Apt. #, etc.

27

City & State

28 THUNDERBOLT FL

Zip

29 33592

Country

30 USA

3. Date Incorporated or Qualified

10/13/1997

4. FEI Number

59-3471564

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CRITTENDEN, ROBERT R  
103 AVENUE A N.W.  
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name  
DENNIS BARBER  
82 Street Address (P.O. Box Number is Not Acceptable)  
9302 ALANBROOK ST  
83  
84 City TEMPLE TERRACE FL 85 Zip Code 33637

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 DENNIS BARBER

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PRESIDENT  
NATHANIEL L. BARBER JR.  
STREET ADDRESS 6406 WILLIAMS RD.  
CITY-ST-ZIP SEFFNER, FL 33584

TITLE ☐ DELETE

NAME VICE PRESIDENT  
DENNIS BARBER  
STREET ADDRESS 9302 ALANBROOK ST  
CITY-ST-ZIP TEMPLE TERRACE, FL 33637

TITLE ☐ DELETE

NAME SECRETARY  
LYNDA BARBER  
STREET ADDRESS 9400 WILLIAMS RD  
CITY-ST-ZIP SEFFNER, FL 33584

TITLE ☐ DELETE

NAME SECRETARY  
LYNDA BARBER  
STREET ADDRESS 9302 ALANBROOK ST  
CITY-ST-ZIP TEMPLE TERRACE, FL 33637

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

700002576857

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\*\*\*150.00

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 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

CR2E034 (10/97)