

AND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000088751** ✓
Corporation Name

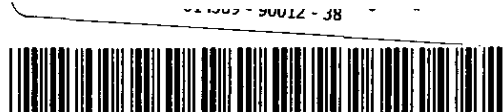
BARBER PROPERTIES, INC.

Principal Place of Business
PO BOX 1581
THONOTOSASSA FL 33592

Mailing Address
PO BOX 1581
THONOTOSASSA FL 33592

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90012 038 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/13/1997	
26		27		4. FEI Number 59-3471564	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable	
27		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
28		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BARBER, DENNIS 9302 ALANBROOKE STR TEMPLE TERRACE FL 33637				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

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, 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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
P BARBER, NATHANIEL L JR 8601 WILLIAMS RD SEFFNER FL 33584 <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
V BARBER, DENNIS 9302 ALANBROOKE STR TEMPLE TERRACE FL 33637 <input type="checkbox"/> DELETE		1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
S BARBER, LINDSAY 9302 ALANBROOKE STR TEMPLE TERRACE FL 33637 <input type="checkbox"/> DELETE		1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
S BARBER, MYRNA 8606 WILLIAMS RD SEFFNER FL 33584 <input type="checkbox"/> DELETE		1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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

SIGNATURE: **BARBER, DENNIS** 9-6-99 03986-3244

CR2E034 (5/99)