FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # S13493 (9)

1. Corporation Name

BARKER ENTERPRISES, INC.

Principal Place of Business
2534 CAPITAL MEDICAL BLVD.
TALLAHASSEE FL 32308

Mailing Address
2534 CAPITAL MEDICAL BLVD.
TALLAHASSEE FL 32308

2. Principal Place of Business
21 2534 Capital Medical Blvd
Suite, Apt #, etc.
22
City & State
23 Tallahassee FL
Zip 24 32308 Country 25 Leon

2a. Mailing Address
26 2534 Capital Medical Blvd
Suite, Apt #, etc.
27
City & State
28 Tallahassee, FL
Zip 29 32308 Country 30 Leon

3. Date Incorporated or Qualified: 11/16/1990
3a. Date of Last Report: 04/10/1995
4. FEI Number: 59-3040781 ☐ 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

9. Name and Address of Current Registered Agent
PERKINS, ROBERT J
2015 DELTA BLVD, SUITE 202
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent
81 Name: Kaye L. Cooke/Ledger Plus
82 Street Address (P.O. Box Number is Not Acceptable): 700 N. Calhoun St
83 Suite B5
84 City: Tallahassee, FL 85 Zip Code: 32303

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] Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. 4/30/96 DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	PEARCE, DARLENE S.	
STREET ADDRESS	3207 SHAMROCK E. #26	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	☐ DELETE
NAME	MITCHELL, MONTE	
STREET ADDRESS	3420 W. KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Darlene S. Pearce 4/28/96 9046564600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #