SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/3/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 AM 11:19

DOCUMENT # **S51658** **(0)**

1. Corporation Name
BARBARA D. ELLIS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1015 A1A S. BEACH BLVD. ST. AUGUSTINE FL 32084 US	1015 A1A S. BEACH BLVD. ST. AUGUSTINE FL 32084 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1991	3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-3074032	☐ 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 (21)	2a. Mailing Address (26)
Suite, Apt. #, etc (22)	Suite, Apt. #, etc (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

BOLES, JOSEPH L, JR
120 CHARLOTTE ST.
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name: Kenneth R Kresge CPA
82 Street Address (P.O. Box Number is Not Acceptable): 200 Malaga Street - F
83:
84 City: St. Augustine FL 85 Zip Code: 32084

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: Kenneth R Kresge CPA DATE: 6/8/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P-D ☒ Change ☐ Addition
NAME	ELLIS, BARBARA O.	12 NAME	Barbara D. Ellis
STREET ADDRESS	3560 LONE WOLF TRAIL	13 STREET ADDRESS	105-B Rio Del Mar
CITY ST ZIP	ST. AUGUSTINE FL	14 CITY ST ZIP	St. Augustine FL. 32084
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	ELLIS, JAMES	22 NAME	
STREET ADDRESS	200 16TH ST. UNIT 102-A	23 STREET ADDRESS	
CITY ST ZIP	ST. AUGUSTINE BCH FL	24 CITY ST ZIP	
TITLE	Secretary - Treasurer	31 TITLE	☐ Change ☐ Addition
NAME	Barbara D. Ellis	32 NAME	
STREET ADDRESS	105-B Rio Del Mar	33 STREET ADDRESS	
CITY ST ZIP	St. Augustine FL. 32084	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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: Barbara D. Ellis 6/8/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0123200 FP