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95 MAY -1 PM 12: 18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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-05/11/95 -01063 -003
****400.00 ****200.00**

DO NOT WRITE IN THIS SPACE.

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S72068 (7)

1. Corporation Name
R. SCOTT BARKER, P.A.

Principal Place of Business Mailing Address
**P.O. DRAWER 159 P.O. DRAWER 159
FT. MYERS FL 33902-0159 FT. MYERS FL 33902-0159**

3. Date Incorporated or Qualified 08/09/1991	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0274666	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

**BARKER, R. SCOTT
2300 MCGREGOR BLVD.
STE. 2
FT. MYERS FL 33901**

10. Name and Address of New Registered Agent

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 _____ DATE _____
(Signature typed or printed name of registered agent and the filer.) (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS

TITLE	DPV
NAME	BARKER, R. SCOTT
STREET ADDRESS	5430 HARBOUR CASTLE DR.
CITY ST ZIP	FT. MYERS FL
TITLE	TS
NAME	BARKER, SCOTT R.
STREET ADDRESS	5430 HARBOUR CASTEL DR.
CITY ST ZIP	FT. MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

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)(b), 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: _____ **R. Scott Barker, P. A.** **4/3/95** **(813) 332-4949**
(Signature typed or printed name of signing officer or director) Date (Area 1995)