FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V33802

(2)

BARY ENTERPRISES OF AVON PARK INC.

Principal Plac 312 LAKE PARI AVON PARK FI		Mailing Address 312 LAKE PARK DR AVON PARK FL 33825-89	-				
			-		3. Date Incorporated or Qualified 05/06/1992	3a. Date of Last I	Report
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	L A	pplied For
21		26			59-3126146		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & Stat	0	City & State		***************************************	6. Election Campaign Financing	***************************************) May Be
23		28		٠	Trust Fund Contribution		to Fees
Zip	Country	Zip	Cour	itry	8. This corporation has liability for		
24	25	29	30			Yes No	,
	9, Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
	GER, RICHARD L JR]	B1 Name			
312 LAKE PARK DR AVON PARK FL 33825			Ī	Street Ac	ddress (P.O. Box Number is Not Acceptat	ole)	
7110			ħ	83			
			-	B4 City		85 Zip	Code
11 Purcuset	to the previous of Castions 607 050	12 and CO7 1EOR Clarida State				FL S Z	
office or i	registered agent, or both in the State	of Florida. Such change was	authorized	by the corpo	orporation submits this statement for the pration's board of directors. I hereby accept	ourpose of changing i pt the appointment at	ns registered s registered
	in familiar intry and accept the oblig	ations of, Section 607.0505, F			1/2/2	^	-
SIGNATURE '	orginature, typeot or pontagi name of registered age	ont and title if applicable. (NO	Y C G G		quired when reinstaling)	DATE	,
12.		D DIRECTORS	13.	The state of the s	ADDITIONS/CHANGES TO OFFIC		R\$ IN 12
TITLE	D	☐ DELETE	1.1 T(T).	E		Change	Addition
NAME	YEAGER, RICHARD L JR		1.2 NAA	AE .			
STHEET ADDRESS	2812 NEWTON RD		1.3 STR	EET ADDRESS			
CITY-ST-ZIP	AVON PARK FL		1.4 CIT	r-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITL	E		Change	Addition
NAME	AMES, BETTY		2.2 NAN	AE .			
STREET ADDRESS	3109 BELAIRE CT		2.3 STR	EEY ADORESS	4		
CITY - ST - ZIP	SEBRING FL		2.4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	3.1 TITL	E		☐ Change	Addition
NAME			3.2 NAN	1E	in the second		
STREET ADDRESS			3.3 STR	EET ADDRESS			
CITY - S1 - ZIP				Y-ST-ZIP			
TITLE		[_] DELETE	41 TITL		•	L Change	L Addition
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STA	EET ADDRESS			
CITY - \$1 - ZIP		[] Mr. pur		-ST-ZIP			
TITLE		☐ DELETE	5.1 TITL	· 1		Change	Addition
NAME			5.2 NAN				
STREET ADDRESS				EET ADDRESS			
CITY-ST-7IP		☐ DELETE		-ST-ZIP			
THE		L_ DELETE	6.1 7 17L			Change	Addition
NAME STORES ADDRESS			6.2 NAN		•		
STREET ADDRESS			6.3 STR	EET ADDRESS			i

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name

FILED

Apr 08 1997 8:00am

Secretary of State