FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V38993 (4)

1. Corporation Name
BARNEY'S INCREDIBLE EDIBLES, INC.

Principal Place of Business
2330 PALM RIDGE RD
1500 COLONIAL BLVD., STE. 103
SANIBEL FL 33957
US

Mailing Address
% JOHN P. MILLIGAN, JR.
1500 COLONIAL BLVD., STE. 103
FORT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/26/1992
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business: 21 2330 Palm Ridge Rd.
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22 | 27
City & State: 23 Sanibel, FL | 28
Zip: 24 33957 | Country: 25 | Zip: 29 | Country: 30

4. FEI Number: 65-0340015 — 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
MILLIGAN, JOHN P., JR.
1500 COLONIAL BLVD.
SUITE 103
FORT MYERS FL 33907

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 ______ (Signature, typed or printed name of registered agent and title if applicable) ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	☑ Change ☐ Addition
NAME	ARMIGER, JOSEPH J., JR.	1 NAME	
STREET ADDRESS	5615 RIVERSIDE DR	1 STREET ADDRESS	13509 HARBOUR RIDGE DR.
CITY-ST-ZIP	CAPE CORAL FL	1 CITY-ST-ZIP	FT. MYERS FL 33908
TITLE	D	2 TITLE	☑ Change ☐ Addition
NAME	ARMIGER, ANA-LUCIA	2 NAME	
STREET ADDRESS	5615 RIVERSIDE DR	2 STREET ADDRESS	13509 HARBOUR RIDGE DR.
CITY-ST-ZIP	CAPE CORAL FL	2 CITY-ST-ZIP	FT. MYERS FL 33908
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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(1)(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: Joseph J. Armiger JOSEPH J. ARMIGER JR 4/27/95 472-2555
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #

0321389 CP