

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 APR -7 AM 4: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P14850** (2)

1. Corporation Name
BARRON INDUSTRIES, INC.

Principal Place of Business Mailing Address
105 19TH STREET S. IRONDALE AL 35210 **105 19TH STREET S. IRONDALE AL 35210**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/16/1987** 3a. Date of Last Report **04/29/1994**

4. FEI Number **63-0949364** 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 file if applicable) (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLONDELL, E.J.	12. NAME	
STREET ADDRESS	661 MANOR COURT	13. STREET ADDRESS	
CITY, ST, ZIP	DESPLAINES IL	14. CITY, ST, ZIP	
TITLE	D	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, M., H.	22. NAME	
STREET ADDRESS	7080 BEAR CREEK RD	23. STREET ADDRESS	
CITY, ST, ZIP	STERRETT AL	24. CITY, ST, ZIP	
TITLE	VD	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNER, B.L.	32. NAME	
STREET ADDRESS	1289 BRANCHWATER LANE	33. STREET ADDRESS	
CITY, ST, ZIP	BIRMINGHAM AL	34. CITY, ST, ZIP	
TITLE	S	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRATH, JAMES J.	42. NAME	
STREET ADDRESS	15516 S. LINDEN	43. STREET ADDRESS	
CITY, ST, ZIP	OAK FOREST IL	44. CITY, ST, ZIP	
TITLE	CD	51. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERS, JOHN	52. NAME	D
STREET ADDRESS	907 E. 20TH ST.	53. STREET ADDRESS	Murry, David B.
CITY, ST, ZIP	LAPORTE IN	54. CITY, ST, ZIP	105 19th St. South
TITLE		61. TITLE	Birmingham, AL 35210
NAME		62. NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		63. STREET ADDRESS	D
CITY, ST, ZIP		64. CITY, ST, ZIP	Merk, J. E.
			105 19th St. South
			Birmingham, AL 35210

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 110.07(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: *Barry L. Bonnor* Barry L. Bonnor 3/15/95 (205) 956-3441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR