

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DEPARTMENT OF CORPORATIONS

1996 5-1-96

B-5004

DOCUMENT # P14850 (2)

1. Corporation Name  
**BARRON INDUSTRIES, INC.**



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

3. Date Incorporated or Qualified: 06/16/1987  
3a. Date of Last Report: 04/07/1995  
4. FEI Number: 63-0949364  
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. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
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

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
FL B5 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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	BLONDELL, E.J.	
STREET ADDRESS	661 MANOR COURT	
CITY-ST-ZIP	DESPLAINES IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, M., H.	
STREET ADDRESS	7080 BEAR CREEK RD	
CITY-ST-ZIP	STERRETT AL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BENNER, B.L.	
STREET ADDRESS	1289 BRANCHWATER LANE	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCGRATH, JAMES J.	
STREET ADDRESS	15516 S. LINDEN	
CITY-ST-ZIP	OAK FOREST IL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MURRY, DAVID B	
STREET ADDRESS	105 19TH ST. SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MERK, J. E	
STREET ADDRESS	105 19TH ST. SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Allen L. Ray
5.3 STREET ADDRESS	105 19th St., South
5.4 CITY-ST-ZIP	Birmingham, AL 35210
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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. Benner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry L. Benner 4/25/96 (205) 956-3441  
Date

CR2E034 (12/95)