

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P93000009097 (5)

1. Corporation Name

BARNETT CENTER, INC.

Principal Place of Business  
50 NORTH LAURA STREET  
M/C 099-000-3150  
JACKSONVILLE, FL 32202  
US

Mailing Address  
50 NORTH LAURA STREET  
M/C 099-000-3150  
JACKSONVILLE, FL 32202  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/05/93  
3a. Date of Last Report: 04/14/95  
4. FEI Number: 59-3163216  
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. 190.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWARTLEY, RICHARD E  
50 NORTH LAURA STREET  
JACKSONVILLE, FL 32202

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0402 and 607.1505, 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

12. D OFFICERS AND DIRECTORS

TITLE	NOBLES, HINTON F.
NAME	50 N LAURA ST
STREET ADDRESS	JACKSONVILLE, FL 32202
CITY-ST-ZIP	
TITLE	D
NAME	NICHOLSON, WILLIAM
STREET ADDRESS	50 N LAURA ST
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	D
NAME	NEWMAN, CHARLES W
STREET ADDRESS	50 N LAURA ST
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	D/T/S
NAME	MCCANN, PATRICK J.
STREET ADDRESS	50 N LAURA ST
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	D
NAME	GRAF, JEFFREY K.
STREET ADDRESS	50 N. LAURA ST
CITY-ST-ZIP	JACKSONVILLE, FL 32202
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	BREWER, RICK
43 STREET ADDRESS	50 N LAURA ST
44 CITY-ST-ZIP	JACKSONVILLE, FL 32202
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	JARBOE, ALLEN
53 STREET ADDRESS	9000 SOUTHSIDE BLVD
54 CITY-ST-ZIP	JACKSONVILLE, FL 32256
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	400001864354
63 STREET ADDRESS	-06/18/96--01008--011
64 CITY-ST-ZIP	***208.75

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Allen Jarboe*  
Allen Jarboe

4/18/96 904987-7578

S-1-96 JR