

[Empty rectangular box]

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

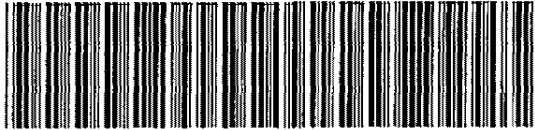
PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:



000038002400

Office Use Only

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION  
ANNUAL REPORT  
1985



FLORIDA DEPARTMENT OF STATE  
George F. Burdick, Jr.  
Secretary of State  
DIVISION OF CORPORATIONS

Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$20 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office	2. Entry Change of Address of Corporation Old P.O. Box Number, New P.O. Box Number
BARRETT, DAFFIN AND CARLAN, INC. 3200 CAPITAL CIRCLE N.E. TALLAHASSEE, FLA 32308	Street Address P.O. Box No. City State
If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.	

3. Date Incorporated or Qualified To Do Business in Florida	07/01/1970	4. Federal Employer Identification Number	58-1294624	5. Date of Last Report	01/08/1984
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6. Names and Street Addresses of Each Officer and Director, as of December 31, 1984					
	Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	Zip Code
1	BARRETT JR, PEARCE L	C/O	231 1/2 ELLICOTT DRIVE	TALLAHASSEE, FL	32301
2	DAFFIN, C ERNEST	P/O	BRADFORDVILLE ROAD	TALLAHASSEE, FL	32300
3	CARLAN, CHARLES H	S/T	DS760 AVENIDA MARINA	PENSACOLA, FL	32500
4					
5					
6					

Registered Agent Information	
7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
BARRETT, PEARCE L 231 1/2 ELLICOTT DR TALLAHASSEE, FL	Name Street Address (Do NOT Use P.O. Box Number) City, State and Zip Code

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the state of Florida. Such change was authorized by resolution duly adopted by its board of directors on: \_\_\_\_\_

I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

10. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath. (Officer signing must be listed in Block 6).

Signature	Date
Typed Name of Signing Officer	Telephone Number

11. Should you desire a certificate of status check the box. CERTIFICATE OF STATUS DESIRED

\$5 additional fee required for a Certificate of Status