

[Empty rectangular box]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

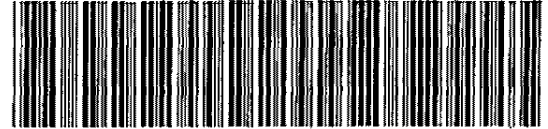
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Empty rectangular box for special instructions]

Office Use Only



300038002473

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1991



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FEB 23 1991

APPROVED
FL. DEPT. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FL.
FILED

Read Instructions on Other Side Before Making Entries

FILING FEE OF \$61.25 REQUIRED

DO NOT WRITE IN THIS SPACE

1 Name and Mailing Address of Corporation **DOCUMENT # 366491 (9)**

ZIP + 4 PRESORT
BARRETT, DAFFIN AND CARLAN, INC.
25 WEST CEDAR STREET
P.O. DRAWER 12526
PENSACOLA, FL. 32573-2526

2 If Address in Block 1 is incorrect in any way enter the correct address below. PO Box is acceptable. The NAME of the corporation can be changed only by filing an amendment

21 Street Address
22 P.O. Box No
23 City and State
24 Zip Code

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 FEI Number **59-1294824** FEI Number Applied For
FEI Number Not Applicable 5 **\$8.75 Additional Fee required for a Certificate of Status** **CERTIFICATE OF STATUS DESIRED**

6 Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information)

Title	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
S/T/D	MCCARTNEY, PAUL F.	1 BEAR DRIVE	GULF BREEZE, FL.
C/D	DAFFIN, G. ERNEST	BRADFORDVILLE ROAD	TALLAHASSEE, FL.
P/D/C CHIEF OF THE BOARD	CARLAN, CHARLES H.	3505 GOLDENWOOD WAY	PENSACOLA, FL.
D	BAXLEY, CHARLES G.	2804 VILLAGER CIRGLE 5021 PONITZ PKWY	PENSACOLA, FL. PACE, FL.

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent
CARLAN, CHARLES H.
3505 GOLDENWOOD WAY
PENSACOLA, FL. 32504

8 Name and Address of Last Registered Agent
81 Name
82 Street Address 1 (Do NOT USE PO Box Number)
83 Street Address 2 (Do NOT USE PO Box Number)
84 City
85 Zip Code
FL.

I hereby 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. I further certify 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 6 or on an attachment with an address. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505 Florida Statutes.

SIGNATURE _____ (Registered Agent Accepting Appointment) DATE _____

I 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. I further certify 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 6 or on an attachment with an address.

SIGNATURE Charles H. Carlan DATE **02/22/91**
Typed Name of Signing Officer or Director **Charles H. Carlan** Title **President** Telephone Number Daytime **(904) 433-5601**

FILING FEE OF \$61.25 REQUIRED - Make Checks Payable To: Secretary of State \$8.75 Additional Fee required for a Certificate of Status