

[Empty rectangular box]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

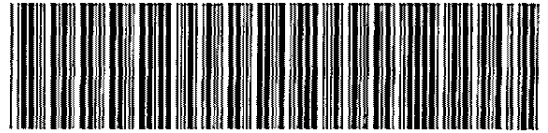
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Office Use Only



400038002384

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

1983

George Frestone
Secretary of State

FILED

MAY 4 11 50 AM '83

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office		2 Enter Change of Address of Corporation Principal Office. P.O. Box Number Always NOT sufficient	
366491 BARRETT, DAFFIN AND CARLAN, INC. 3100 CAPITAL CIRCLE N.E. TALLAHASSEE, FLA 32308		Street Address	
		P.O. Box No. 4961 4720789	
		City TALLAHASSEE	
		State FL	

If above address is in error 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 (FEIN) 59-1294824	5 Date of Last Report 03/24/1982
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6 Names and Street Addresses of Each Officer and Director			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT use Post Office Box Numbers)	City and State
BARRETT, PEARCE L JR.	P/O	2311 ELLICOTT DRIVE	TALLAHASSEE, FL
DAFFIN, C ERNEST	V/O	BRADFORDVILLE ROAD	TALLAHASSEE, FL
CARLAN, CHARLES H	D	5760 AVENIDA MARINA	PENSACOLA, FL

Registered Agent Information	
7 Name and Address of Current Registered Agent	8 Name and Address of New Registered Agent
BARRETT, PEARCE L 2311 ELLICOTT DR TALLAHASSEE, FL	Name Street Address (Do NOT use P.O. Box Numbers) City, State and Zip Code

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____

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 My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath

Signature <i>C. Ernest Daffin</i>	Date 4/19/83
Typed Name of Signing Officer C. Ernest Daffin	Title President
	Telephone Number 904 386 1141

TA MAY 4 1983