

[Empty rectangular box]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

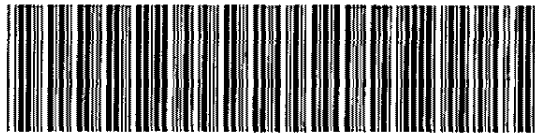
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Office Use Only



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FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER DULY LISTED AND FILED

PS03909Z

CORPORATION
ANNUAL REPORT
1990



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

DO NOT WRITE IN THIS SPACE
FILED
MAR -5 PM 1:22
DIVISION OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office **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. P.O. Box (number) or alone is NOT sufficient. The NAME of the corporation can be changed only by filing an amendment.
Street Address 21
P.O. Box No. 22
City and State 23
Zip Code 24

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 Approved For FEI Number Not Applicable

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

1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 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	CARLAN, CHARLES H.	3505 GOLDENWOOD WAY	PENSACOLA, FL
D	BROCK, JOHN M.	3697 BARBARY DRIVE	TALLAHASSEE, FL. DELETE
D	BAXLEY, CHARLES G.	2804 VILLAGER CIRCLE	PENSACOLA, 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 New Registered Agent

Name 81
CHARLES H. CARLAN (address change only)
Street Address 1 (Do NOT Use P.O. Box Number) 82
3505 GOLDENWOOD WAY
Street Address 2 (Do NOT Use P.O. Box Number) 83
City and State 84
PENSACOLA FL. Zip Code 85
32504

I, Pursuant to the provisions of Sections 607.004 and 607.007, Florida Statutes, of the above named corporation, incorporated 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 _____

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

SIGNATURE _____ (Registered Agent Accepting Appointment)

DATE _____

10 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 effects 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, FS.

Signature
X *Charles H. Carlan*
Typed Name of Signing Officer or Director
CHARLES H. CARLAN

Title
PRESIDENT

Date
2/14/90
Telephone Number
904-433-5601

11 Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED

SS Additional Fee required for a Certificate of Status