

[Empty rectangular box]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

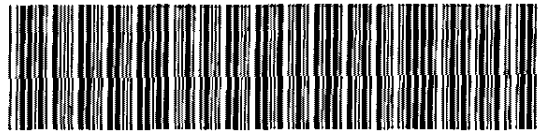
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Empty rectangular box for special instructions]

Office Use Only



500038002455

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

CORPORATION
ANNUAL REPORT
1989



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

DO NOT WRITE IN THESE SPACES

1989 MAR -3 11:24

Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

ZIP + 4

366491 9
BARRETT, DAPPIN AND CARLAN, INC.
25 WEST CEDAR STREET
P.O. DRAWER 12526
PENSACOLA, FL. 32573-2526

2 Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

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 Federal Employer Identification Number (FEIN) **59-1294824**

5 Date of Last Report **08/17/1988**

6 Names and Street Addresses of Each Officer and Director as of December 31, 1988

1 Tax	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use P.O. Office Box Numbers)	4 City and State
1 S/T/D/V	MCCARTNEY, PAUL P.	1 BEAR DRIVE	GULF BREEZE, FL.
2 C/D	DAPPIN, C. ERNEST	BRADFORDVILLE ROAD	TALLAHASSEE, FL.
3 P/D	CARLAN, CHARLES H.	3101 SCENIC HWY. #0101	PENSACOLA, FL.
4 D/V	BROCK, JOHN H.	3687 BARBARY DRIVE	TALLAHASSEE, FL.
5 D/V	BAXLEY, CHARLES G.	2804 VILLAGER CIRCLE	PENSACOLA, FL.
6 P/D	CARLAN, CHARLES H.	3505 Goldenwood Way	Pensacola, FL

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

CARLAN, CHARLES H.
~~3101 SCENIC HIGHWAY #0101~~
~~PENSACOLA, FL. 32503~~

8 Name and Address of Firm 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

9 Pursuant to the provisions of Sections 607.054 and 607.037 Florida Statutes, 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 in 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

Charles H. Carlan
(Registered Agent Accepting Appointment)

DATE 2/11/89

10 If a foreign corporation, date first transacted business in Florida _____

11

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

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

Signature

Charles H. Carlan

Date

2/11/89

Typed Name of Signing Officer or Director

Charles H. Carlan

Title

President

Telephone Number

904/433-5601

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

CERTIFICATE OF STATUS DESIRED

\$5 Additional Fee required for a Certificate of Status