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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

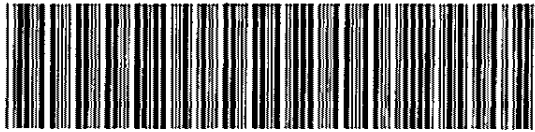
\_\_\_\_\_  
(Business Entity Name)

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

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

Special Instructions to Filing Officer:

Office Use Only



600038002366

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

<p>CORPORATION ANNUAL REPORT</p> <p style="text-align: center; font-size: 2em;"><b>1981</b></p> <p style="text-align: center;">THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE</p>	<p>FLORIDA DEPARTMENT OF STATE George Firestone Secretary of State DIVISION OF CORPORATIONS</p> <p style="font-size: 1.5em; font-weight: bold;">FILED</p> <p>May 20 9 01 AM '81</p> <p>DEPARTMENT OF STATE TALLAHASSEE, FLORIDA</p>
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← READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES →  
PLEASE STAPLE CHECK TO ANNUAL REPORT

<p>1. Name and Address of Corporation Principal Office:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p>366491 BARRETT, DAFFIN AND CARLAN, INC. 3100 CAPITAL CIRCLE N.E. TALLAHASSEE, FLA 32308</p> </div> <p style="font-size: 0.8em;">If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.</p>	<p>2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient</p> <p>Street Address _____</p> <p>P.O. Box No. _____</p> <p>City _____</p> <p>State _____ Zip Code _____</p>
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<p>3. Date Incorporated or Qualified To Do Business in Florida</p> <p style="text-align: center;">7/01/1970</p>	<p>4. Federal Employer Identification Number (FEIN)</p> <p style="text-align: center;">59-1294824</p>	<p>5. Date of Last Report</p> <p style="text-align: center;">1980</p>
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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/D	2311 ELLICOTT DRIVE	TALLAHASSEE, FL
DAFFIN, C ERNEST	V/D	CRADFORDVILLE ROAD	TALLAHASSEE, FL
CARLAN, CHARLES H	D	5700 AVENIDA MARINA	PENSACOLA, FL

<p>7. Registered Agent Information</p> <p>Name</p> <p>BARRETT, PEARCE L</p> <p>Street Address (Do NOT Use P.O. Box Number)</p> <p>2311 ELLICOTT DR</p> <p>City, State and Zip Code</p> <p>TALLAHASSEE, FL</p>	<p>To Change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of \$3.</p>
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8. 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.

<p>Typed Name of Signing Officer</p> <p>C. Ernest Daffin</p>	<p>Title</p> <p>President</p>	<p>Telephone Number</p> <p>386-1141</p>
<p>Signature</p>		<p>Date</p> <p>4/24/81</p>

366491-05-08-81-2-1-911-10.00