

[Empty rectangular box]

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

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

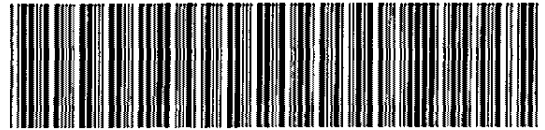
\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

[Empty rectangular box for special instructions]

Office Use Only



600038002516

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

**APPROVED AND FILED**

**1992 FEB 28 AM 11:35**

**SECRETARY OF STATE TALLAHASSEE, FLORIDA**

CORPORATION  
ANNUAL REPORT  
1992



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

**Read Instructions on Other Side Before Making Entries**  
**FILING FEE \$61.25 Make Payable To: Secretary of State**

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation **DOCUMENT #366491 (9)**  
**BARRETT, DAFFIN AND CARLAN, INC.**  
**25 WEST CEDAR STREET**  
**P.O. DRAWER 42926**  
**PENSACOLA FL 32504-2926**

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2

2. If Address in Block 1 is incorrect in any way, line through the incorrect information and enter the correct address below. Box B's acceptance. The NAME of the corporation or individual only, calling an amendment.

21 Mailing Address  
**4475 BAYOU BLVD.**

22 P.O. Box No.  
**30120**

23 City and State  
**Pensacola FL**

24 Zip Code  
**32503**

3. Date Incorporated or Qualified To Do Business in Florida  
**07/01/1970**

3a Date of Last Report  
**02/28/1991**

4. FEE NUMBER  
**59-1294824**

FEE Number Applied For  
**\$8.75 Additional Fee required for a Certificate of Status**

FEE Number Not Applicable  
**CERTIFICATE OF STATUS BY SAEC**

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

1	2	3	4
No.	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers.)	City and State
1	S/T/D/V MCCARTNEY, PAUL F.	1 BEAR DRIVE	GULF BREEZE, FL.
2	P/D/C CARLAN, CHARLES H.	3505 GOLDENWOOD WAY	PENSACOLA, FL
3	D/V BAXLEY, CHARLES G.	5021 PONITZ PKWY	PAGE, FL
4			
5			
6			

**REGISTERED AGENT INFORMATION**

7. Name and Address of Current Registered Agent

**CARLAN, CHARLES H.**  
**3505 GOLDENWOOD WAY**  
**PENSACOLA, FL. 32504**

9. I, the undersigned, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida, and that I am qualified to execute this report in accordance with the provisions of Sections 607.0001 through 607.0004, Florida Statutes, and that I have accepted the appointment as a registered agent for the corporation named herein.

SIGNATURE Charles H. Carlan DATE **02/19/92**  
(Registered Agent Accepting Appointment)

10. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

11. I hereby certify that the information indicated on this annual report or supplemental annual report, true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida, and that I am qualified to execute this report in accordance with the provisions of Sections 607.0001 through 607.0004, Florida Statutes, and that my name appears in Block 6 of an attachment to this report.

SIGNATURE Charles H. Carlan DATE **02/19/92**  
Typed Name of Signing Officer or Director  
**Charles H. Carlan** Title  
**President** Telephone Number (Area Code) **(904) 484-6011**