

[Empty rectangular box]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

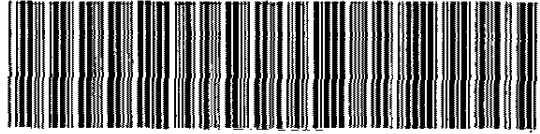
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

APPROVED

DO NOT WRITE IN THIS SPACE
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CORPORATION
ANNUAL REPORT
1987



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

1987 MAR -2 PM 12 42

FLORIDA DEPARTMENT OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entry
Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

366491
BARRETT, DAFFIN AND CARLAN, INC.
3100 CAPITAL CIRCLE, NE
TALLAHASSEE, FLA 32308

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

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

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: 04/03/1986

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1986

1. Names of Officers and Directors	2. Title	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State
1. BARRETT, PEARCE L., JR.	C/D	2311 ELLICOTT DRIVE	TALLAHASSEE, FL
2. DAFFIN, C. ERNEST	P/O	BRADFORDVILLE ROAD	TALLAHASSEE, FL
3. CARLAN, CHARLES H.	S/T/D	5760 AVENIDA MARINA	PENSACOLA, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

BARRETT, PEARCE L.
2311 ELLICOTT DR.
TALLAHASSEE, FL

8. Name and Address of New Registered Agent

Name 81
Street Address 1 (Do NOT Use P.O. Box Number) 82
Street Address 2 (Do NOT Use P.O. Box Number) 83
City and State 84
Zip Code 85

FL

Pursuant to the provisions of Sections 607.034 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 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 F.S.

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 807 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.
(Officer signing must be listed in Block 6)

Signature: *C. Ernest Daffin* Date: 2-6-87
Typed Name of Signing Officer: C. Ernest Daffin Title: President Telephone Number: (904)386-1141

11. Should you desire a certificate of status check the box.
CERTIFICATE OF STATUS DESIRED \$5 Additional Fee required for a Certificate of Status

CR2034 1/86