

[Empty box for address or contact information]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

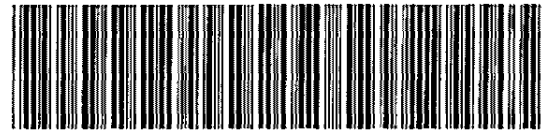
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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THE FILING FEE FOR THE 1979 ANNUAL REPORT IS \$10.

CORPORATION
ANNUAL REPORT



STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

1979

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE

DO NOT WRITE IN THIS SPACE

AND
FILED

MAY 16 1 12 AM 1979

FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES

1. Name and Address of Corporation Principal Office:

366491
BARRETT, DAFFIN AND CARLAN, INC.
3100 CAPITAL CIRCLE N.E.
TALLAHASSEE, FLA 32302

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

P.O. Box No.

City

State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida

7/01/1970

4. Federal Employer Identification Number (FEIN)

59-1294824

5. Date of Last Report

1978

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.	D	2311 ELLICOTT DRIVE	TALLAHASSEE, FL
DAFFIN, C ERNEST	P/D	BRADFORDVILLE ROAD	TALLAHASSEE, FL
HANCOCK, HENRY G	D	506 VINNEDGE RIDE	TALLAHASSEE, FL
CARLAN, CHARLES H	D	5760 AVENIDA MARINA	PENSACOLA, FL

7. Registered Agent Information

If you wish to change Registered Agent on this form, enter all new information below.

Name

BARRETT, PEARCE L

Name

Street Address (Do NOT Use P.O. Box Number)

2311 ELLICOTT DR

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

TALLAHASSEE, FL

City, State and Zip Code

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

DO NOT WRITE IN THIS SPACE
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5/16

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. (Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.

Typed Name of Signing Officer

C. Ernest

Title

President

Telephone Number

03-31-79-386-2141 773 10.00

Signature

[Handwritten Signature]

Date

2-12-79