

[Empty rectangular box]

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

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

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

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

PICK-UP     WAIT     MAIL

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

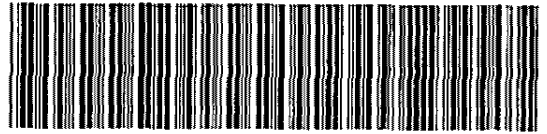
\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

[Empty rectangular box for special instructions]

Office Use Only



900038002419

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION  
ANNUAL REPORT  
1986



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

DO NOT WRITE IN THIS SPACE  
**APPROVED  
AND  
FILED**  
1986 APR -3 7:12:41

Read Notice and Instructions on Other Side Before Making Entries  
**Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State**

<p>1 Name and Address of Corporation Principal Office</p> <p>366-491 BARRETT, DAFFIN AND CARLAN, INC. 3100 CAPITAL CIRCLE N.E. TALLAHASSEE, FLA 32308</p> <p>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 21 P.O. Box No 22 City and State 23 Zip Code 24</p>
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<p>3 Date Incorporated or Qualified To Do Business in Florida 07/01/1970</p>	<p>4 Federal Employer Identification Number (FEIN) 59-1294824</p>	<p>5 Date of Last Report 04/01/1985</p>
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6 Names and Street Addresses of Each Officer and Director, as of December 31, 1985				
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	5
BARRETT JR, PEARCE L	C/O	2311 ELLICOTT DRIVE	TALLAHASSEE, FL	00000
DAFFIN, C ERNEST	P/O	BRADFORDVILLE ROAD	TALLAHASSEE, FL	00000
CARLAN, CHARLES H	S/T/O	5760 AVENIDA MARINA	PENSACOLA, FL	00000

**REGISTERED AGENT INFORMATION**

<p>7 Name and Address of Current Registered Agent</p> <p>BARRETT, PEARCE L 2311 ELLICOTT DR TALLAHASSEE, FL</p>	<p>8 Name and Address of Now Registered Agent</p> <p>Name 81 Street Address (Do NOT Use P.O. Box Number) 82 City and State 83 FL Zip Code 84</p>
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9 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 officer 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 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. (Officer signing must be listed in Block 6).

Signature	Title _____	Date 2/23/86
Typed Name of Signing Officer	Telephone Number	

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

CERTIFICATE OF STATUS DESIRED

**\$5 Additional Fee required for a Certificate of Status**

CR2E034 11 861