

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortnam
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27 1996 8:00 am
Secretary of State

DOCUMENT # 367376 (1)

1. Corporation Name

BARNETT RECOVERY CORPORATION

Principal Place of Business

9000 SOUTHSIDE BLVD.
JACKSONVILLE FL 32256-7708

Mailing Address

50 NO LAURA STR
ATTN: REGULATORY RELATIONS
JACKSONVILLE FL 32202
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/23/1970		03/31/1995	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		59-1351667		Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent

BIERI, ROBERT K.
9000 SOUTHSIDE BLVD.
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the date made.

(NOTE: Registered Agent Signature is required when filing.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
✓ PD	BIERI, ROBERT K.	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	4057 CARMICHAEL AV #100	13 STREET ADDRESS	9000 Southside Blvd.
CITY- ST- ZIP	JACKSONVILLE FL	14 CITY- ST- ZIP	Jacksonville, FL 32256
TITLE	NAME	21 TITLE	22 NAME
DS	HARNAGE, BURNIS	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	50 LAURA STREET	23 STREET ADDRESS	John Pavey
CITY- ST- ZIP	JACKSONVILLE FL	24 CITY- ST- ZIP	50 N. Laura St., 18th Floor
TITLE	NAME	31 TITLE	32 NAME
DT	JARBOE, ALLEN	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	50 LAURA STREET	33 STREET ADDRESS	Mehdi Ghomeshi
CITY- ST- ZIP	JACKSONVILLE FL	34 CITY- ST- ZIP	50 N. Laura St., 18th Floor
TITLE	NAME	41 TITLE	42 NAME
VP	SCOGGINS, MACK	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	9000 SOUTHSIDE BLVD	43 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	44 CITY- ST- ZIP	
TITLE	NAME	51 TITLE	52 NAME
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		53 STREET ADDRESS	500001797715
CITY- ST- ZIP		54 CITY- ST- ZIP	-04/29/96--01026--008
TITLE	NAME	61 TITLE	62 NAME
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.29.96

904 464 3501