

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**

3. Date Incorporated or Qualified: **07/23/1970**
3a. Date of Last Report: **03/31/1995**
4. FEI Number: **59-1351667**
Applied For: Not Applicable
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 No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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 _____ (NOTE: Registered Agent Signature is not to be recorded) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BIERI, ROBERT K.	
STREET ADDRESS	4057 CARMICHAEL AV #100	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	HARNAGE, BURNIS	
STREET ADDRESS	50 LAURA STREET	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	JARBOE, ALLEN	
STREET ADDRESS	50 LAURA STREET	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCOGGINS, MACK	
STREET ADDRESS	9000 SOUTHSIDE BLVD	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	9000 Southside Blvd.
14 CITY- ST- ZIP	Jacksonville, FL 32256
21 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	John Pavey
23 STREET ADDRESS	50 N. Laura St., 18th Floor
24 CITY- ST- ZIP	Jacksonville, FL 32202
31 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Mehdi Ghomeshi
33 STREET ADDRESS	50 N. Laura St., 18th Floor
34 CITY- ST- ZIP	Jacksonville, FL 32202
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	500001797715
53 STREET ADDRESS	-04/29/96--01026--008
54 CITY- ST- ZIP	***208.75
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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: *R. K. Bieri* 3.29.96 904 464 3501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)