FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 391928

(9)

BARNWELL-DOYLE ENTERPRIS	SES, INC.			
Principal Place of Business	Mailing Address	_		

FILED Jan 14 1997 8:00am Secretary of State



Principal Pla	ace of Business	Mailing Addres	ss			T TO FINDE COMPRESSION CONTRACTOR IN THE PROPERTY OF THE CONTRACTOR CONTRACTO				
1049 E. ALTAMONTE DRIVE 1049 E. ALTAMONTE DRIVE ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701			701-8001							
						3. Date Incorporated or Qualified 11/29/1971		3a. Date of Last Report 01/25/1996		
2. Principa	t Piace of Business	2a. Mailing Adi	dress			4. FEI Number			oplied For	
21		26				59-1445974	Not Applicable			
Suite, Ar 22	pt #, etc	Suite, Apt.	#, etc.			5. Certificate of Status Desired			Additional equired	
City & Si 23	tate	City & State	9			Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Ζιp	Country	Zip		Country	у	8. This corporation has liability for	_	_	. 199.032,	
24	25	[29]	30	L			Yes _			
	9. Name and Address of Curre	ent Registered Agent		81	Monro	10. Name and Address of New Re	gistered A	lgent .		
	ARNWELL, PATRICIA G.			191	Name					
	71 WILLIAMS DRIVE			82	Street Add	ddress (P.O. Box Number is Not Acceptable)				
W	VINTER PARK FL 32789			83						
					1					
				84	City		FL	85 Zip	Code	
SIGNATUR 12. THE	Signature: Spared or prepriet name of registered a OFFICERS A	ND DIRECTORS	(NOIF 4)	13. 1.1 THLE	ent's gnature requ	ured when reinstaling) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTOR Change	RS IN 12	
NAME STREET ADDRES	BARNWELL, PATRICIA G. 771 WILLIAMS DR			1.2 NAME 1.3 STREE	T ADORESS					
CITY-ST ZIP	WINTER PARK, FL 00000			1.4 CITY-	ST-ZIP					
THTL F	VT		DELETE	21 TIFLE				Change	Addition	
NAME	BARNWELL, PAUL ROBERT			2.2 NAME						
STREET ADDRES				2.3 STREE	T ADDRESS					
C-TY - \$1 - ZIP	SANFORD FL		CIEL ETE	2 4 CHY	ST - ZIP			Channa	Addition	
THILE		Ц	DELETE	3 1 TITLE				Change		
NAVÉ	,			3.2 NAME	ì		•			
STREET ADDRES	55				1 ADDRESS					
TITLE		· · · · · · · · · · · · · · · · · · ·	DELETE	3.4. CITY - 4.1 TITLE	SI-ZIP			Change	Addition	
NAME				4. 2 NAME					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	ee				T ADDRESS					
STREET ADDRES				4.3 STREE						
CHY+S1+ZiP T∗TLE			DELETE	5.1 TITLE	G. ' E.I'			Change	Addition	
NAME				5.2 NAME				_ ~		
SIREET ADDRES	ss				T ADDRESS					
CITY-S1-ZIP	····		İ	5.4 CITY-						
TITLE			DELETE	6.1 TITLE				Change	Addition	
NAME					1			-		
	1			6.2 NAME						
 STREET ADDRESS 	85									
STREET ADDRES	55				T ADDRESS					

14. I do hereby certify that the information supplied with this fring does not qualify for the exemption stated in Section 119.07(3)(i), 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: