


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Jul 24 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 483447 (9)

1. Corporation Name
BARNETT, BOLT, KIRKWOOD & LONG, P.A.



Principal Place of Business 601 BAYSHORE BLVD SUITE 700 TAMPA FL 33606	Mailing Address 601 BAYSHORE BLVD SUITE 700 TAMPA FL 33606
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business c/o Annie Thornton 21501 Bayshore Blvd. Suite, Apt. #, etc. 22 Suite 700 City & State 23 Tampa, FL Zip 24 33606	2a. Mailing Address 26 P. O. Box 3287 Suite, Apt. #, etc. 27 City & State 28 Tampa, FL Zip 29 33601	3. Date Incorporated or Qualified 09/01/1975	3a. Date of Last Report 02/09/1996
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4. FEI Number 59-1621974	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owner has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BARNETT, LESLIE J. 601 BAYSHORE BLVD., SUITE 700 TAMPA FL 33606		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 Zip Code FL	

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 title if applicable) (NOT Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARNETT, LESLIE J.		1.2 NAME	
STREET ADDRESS 601 BAYSHORE BLVD #700		1.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA, FL 00000		1.4 CITY-ST-ZIP	
TITLE CD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOLT, ROBERT S.		2.2 NAME	
STREET ADDRESS 601 BAYSHORE BLVD #700		2.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA, FL 00000		2.4 CITY-ST-ZIP	
TITLE STD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KIRKWOOD, PETER T.		3.2 NAME	
STREET ADDRESS 601 BAYSHORE BLVD #700		3.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		3.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LONG, THOMAS G		4.2 NAME	
STREET ADDRESS 601 BAYSHORE BLVD #700		4.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(r), 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 or is changed for or on an attachment with an address

SIGNATURE: 

CR2E034 (4/97)