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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 524810 (0)

FILED Feb 09 1998 8:00am Secretary of State

1. Corporation Name			
BARRETT AND HOFFMAN, P.A.		1	
		E 1831 DE ATILIA CENTE ALBAN CALBA CALLA ARRITA DE CONTRACTO	FIAIL CIRIC BIRIT BIRIT SORI
Principal Place of Business Mailing Address		1	
1			
111 SOUTH MONROE ST. PO BOX 930 STE. 3000 TALLAHASSEE FL 32302		1	
TALLAHASSEE FL 32302-1501 US		DO NOT WRITE IN THIS SPACE	
US		3. Date Incorporated or Qualified	
		02/01/1977	
Principal Place of Business 2a. Mailing Address		4. FEI Number	Applied For
21 26		59-1715940	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 27		5. Certificate of Status Desired	Fee Required
City & State City & State		6. Election Campaign Financing	\$5.00 May Be
23 28		Trust Fund Contribution	Added to Fees
Zip Country Zip	Country	8. This corporation owes or has paid the curre	nt year Intangible
24 25 29	30	Personal Property Tax due June 30.	Yes No
Name and Address of Current Registered Agent		10. Name and Address of New Registered A	gent
BARRETT, DAVID A. 81 Name			
111 SOUTH MONROE ST. 82 Street Address (P.O. Box Number is Not Acceptable)			
STE. #3000	OL) Sueci Addie	ess (1.0. Box Number is Not Acceptable)	
TALLAHASSEE FL 32302	83		
	05 00		
	84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statute	s, the above-named corpo	oration submits this statement for the purpose of o	hanging its registered
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute office or registered agent, or both, in the State of Florida. Such change was a agent. I am familiar with, and accept the obligations of, Section 607.0505, Flo 	uthorized by the corporation	on's board of directors. I hereby accept the appol	ntment as registered
\	100 0101000		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE	Registered Agent signature require	ed when reinstating) DATE	
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12
TITLE PDT DELETE	1.1 TITLE		_ Change □ Addition
NAME BARREIT, DAVID A.	1.2 NAME]
REET ADDRESS 111 SOUTH MONROE ST., #3000 1.3 STREET ADDRESS			
CITY-ST-ZIP TALLAHASSEE FL	1.4 CITY-ST-ZIP		
TITLE DVS DELETE	2.1 TITLE		Change Addition
NAME HOFFMAN, ERIC S.	2.2 NAME		
STREET ADDRESS 111 SOUTH MONROE ST., #3000	2.3 STREET ADDRESS		
CITY-ST-ZIP TALLAHASSEE FL	2. 4 CITY-ST-ZIP		
TITLE DELETE	3.1 TITLE		Change Addition
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		1
CITY-SI-ZIP	3.4. CITY-ST-ZIP		
TITLE DELETE	4.1 TITLE		Change
NAME	4. 2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY-ST-ZIP		
TITLE DELETE	5.1 TITLE		Change Addition
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-SI-ZIP	5.4 CITY-ST-ZIP		
TITLE DELETE	6.1 TITLE		Change
NAME	1		ľ
	6.2 NAME 1		
STREET ANDRESS	6.2 NAME 6.3 STREET ADDRESS		ł
STREET ADDRESS CITY - ST - ZIP	6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

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 cath; that I am ar 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 changing property attacking partial and that my name appears in Brain and the state of the corporation of the corporation of the corporation or the receiver of 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 changing a value of the corporation of the cor

SIGNATURE:

(850) 222-9000