

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

FILED  
Feb 20 1997 8:00am  
Secretary of State

DOCUMENT # **549434** (9)  
1. Corporation Name:  
**BARNES UNDERWATER SERVICE COMPANY, INCORPORATED**



Principal Place of Business  
**2738 HENDRICKS AVENUE  
JACKSONVILLE FL 32207**

Mailing Address  
**2738 HENDRICKS AVENUE  
JACKSONVILLE FL 32207-4106**

3. Date Incorporated or Qualified  
**10/18/1977**

3a. Date of Last Report  
**01/29/1996**

2. Principal Place of business	2a. Mailing Address	4. FEI Number <b>59-2008626</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

**BARNES, FRED S.  
2738 HENDRICKS AVENUE  
JACKSONVILLE FL 32207**

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 required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS	12. NAME	
CITY - ST - ZIP	CITY - ST - ZIP	13. STREET ADDRESS	
TITLE	NAME	14. CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS	21. TITLE	
CITY - ST - ZIP	CITY - ST - ZIP	22. NAME	
TITLE	NAME	23. STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	24. CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY - ST - ZIP	CITY - ST - ZIP	31. TITLE	
TITLE	NAME	32. NAME	
STREET ADDRESS	STREET ADDRESS	33. STREET ADDRESS	
CITY - ST - ZIP	CITY - ST - ZIP	34. CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	41. TITLE	
STREET ADDRESS	STREET ADDRESS	42. NAME	
CITY - ST - ZIP	CITY - ST - ZIP	43. STREET ADDRESS	
TITLE	NAME	44. CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS	51. TITLE	
CITY - ST - ZIP	CITY - ST - ZIP	52. NAME	
TITLE	NAME	53. STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	54. CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY - ST - ZIP	CITY - ST - ZIP	61. TITLE	
TITLE	NAME	62. NAME	
STREET ADDRESS	STREET ADDRESS	63. STREET ADDRESS	
CITY - ST - ZIP	CITY - ST - ZIP	64. CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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

*Fred S. Barnes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**FRED S. BARNES**

*2/15/97* *904-396-0631*  
Date Daytime Phone #

CR2E034 (9/96)