

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 32 PM 1:20

DOCUMENT # **F19235** (3)

1. Corporation Name
BARNETT TECHNOLOGIES, INC.

Principal Place of Business Mailing Address
**9000 SOUTHSIDE BLVD.
JACKSONVILLE FL 32256-7708** **ATTN: REGULATORY RELATIONS
50 NORTH LAURA ST.
JACKSONVILLE FL 32202-3610
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/10/1981** 3a. Date of Last Report **04/15/1994**
4. FEI Number **59-2065472** 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 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**SWARTLEY, RICHARD E.
50 NORTH LAURA ST.
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, DOUGLAS K	12 NAME	
STREET ADDRESS	50 NORTH LAURA ST.	13 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32202	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHER, JEROME	22 NAME	
STREET ADDRESS	9000 SOUTHSIDE BLVD.	23 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32256	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LYNDA O	32 NAME	NEWMAN, CHARLES W.
STREET ADDRESS	9000 SOUTHSIDE BLVD.	33 STREET ADDRESS	50 NORTH LAURA ST.
CITY - ST - ZIP	JACKSONVILLE FL 32256	34 CITY - ST - ZIP	JACKSONVILLE, FL 32202
TITLE	DP	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, JONATHAN J	42 NAME	
STREET ADDRESS	50 NORTH LAURA ST.	43 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32202	44 CITY - ST - ZIP	
TITLE	S	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEAL, SHERON	52 NAME	
STREET ADDRESS	50 NORTH LAURA ST.	53 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32202	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	CFO
STREET ADDRESS		63 STREET ADDRESS	LINFANTE, JOHN
CITY - ST - ZIP		64 CITY - ST - ZIP	9000 SOUTHSIDE BLVD. JACKSONVILLE, FL 32256

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or application for 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: *Jonathan J. Palmer* (904) 1-30-95 791-5395
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR (Typed Name)