

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # G80376 (8)**  
1. Corporation Name  
**BARNETT SECURITIES, INC.**



Principal Place of Business: **9000 SOUTHSIDE BLVD BLDG 100 JACKSONVILLE FL 33256 US**  
Mailing Address: **50 LAURA ST ATTN: REGULATORY RELATIONS JACKSONVILLE FL 32202 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for address details.

3. Date Incorporated or Qualified: **01/26/1984**  
3a. Date of Last Report: **03/31/1995**  
4. FEI Number: **59-2379275**  
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

**9. Name and Address of Current Registered Agent**

**SWARTLEY, RICHARD E.  
50 LAURA STREET  
JACKSONVILLE FL 32202-0610**

**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

Signature (typed or printed name of registered agent and title in block)

(Initials) Registered Agent signature required when reappointing

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>CD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STRICKLAND, DAVID</b>	
STREET ADDRESS	<b>9000 SOUTHSIDE BLVD.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>LEVINE, SHELDON</b>	
STREET ADDRESS	<b>9000 SOUTHSIDE BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LAMORE, HELEN P.</b>	
STREET ADDRESS	<b>50 LAURA STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MONDELLO, JAMES F.</b>	
STREET ADDRESS	<b>5875 N.W. 163RD STREET</b>	
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BREWER, RICHARD</b>	
STREET ADDRESS	<b>50 N LAURA ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>DEVP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ZOELLNER, WILLIAM</b>	
STREET ADDRESS	<b>9000 SOUTHSIDE BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>CD</b>
13 STREET ADDRESS	<b>JONES, RICHARD</b>
14 CITY-ST-ZIP	<b>9000 SOUTHSIDE BLVD. JACKSONVILLE FL</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	<b>700001797717</b>
44 CITY-ST-ZIP	<b>-04/29/96--01026--009</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>***208.75</b>
53 STREET ADDRESS	
54 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**SHELDON LEVINE**

**4/2/96**  
**904 464 3740**  
DATE DATE

CR2E034 (12/95)