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

PROFIT CORPORATION annual report



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Secretary of State 1997 DIVISION OF CORPORATIONS (8)DOCUMENT # **G80376** BARNETT INVESTMENTS, INC. Principal Place of Business Mailing Address 9000 SOUTHSIDE BLVD 50 LAURA ST ATTN: REGULATORY RELATIONS **BLDG 100** JACKSONVILLE FL 33256 JACKSONVILLE FL 32202-3466 3. Date Incorporated or Qualified 3a. Date of Last Report 01/26/1984 04/27/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2379275 21 Not Applicable 26 Suite, Apt. #, etc. Suite. Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired X Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Z_{10} Country Ζip This corporation has liability for intangible tax under s. 199.032, Yes D No 25 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SWARTLEY, RICHARD E. **50 LAURA STREET** Street Address (P.O. Box Number is Not Acceptable) 82 JACKSONVILLE FL 32202-0610 83 84 City Zip Code 85 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 Sign dure haped or printed name of registored agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) DELETE Change 1.1 TITLE TITLE JONES, RICHARD 1.2 NAME CR2E034 NAME 9000 SOUTHSIDE BLVD. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 1.4 CITY - ST- ZIP DITY-ST-ZIP DELETE Change Addition 2.1 TITLE TIFLE LEVINE, SHELDON NAME 22 NAME 9000 SOUTHSIDE BLVD 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 2.4 CITY-ST-ZIP D DELETE Change Addition 3.1 TITLE TITLE LAMORE, HELEN P. 3.2 NAME NAM: **50 LAURA STREET** 33 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 3 4. CiTY-ST-ZIP CDY - \$1 - 709 Addition DELETE TITLE 4.1 TITLE Change MONDELLO, JAMES F. 4. 2 NAME NAME 5875 N.W. 163RD STREET STREET ADDRESS 4.3 STREET ADDRESS MIAMI LAKES FL 4.4 CITY - ST - ZIP CITY-ST-ZIF Change **Addition** DELETE TITLE 5.1 TITLE NAME 5.2 NAME ALLEN, REBECCA S. 9000 Southside Boulevard 5.3 STREET ADDRESS STREET ADDRESS

CITY-SI-ZIP Jacksonville, Florida 33256

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this agreed 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 confortation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Pleath 12 or Block 12 or Block 13 appears in Block 12 or Block 13 it attachment with an address

5.4 CITY-ST-ZIP

63 STREET ADDRESS

61 TITLE

6.2 NAME

DELETE

SIGNATURE:

City-St-ZiP

STREET ADDRESS

TITLE

NAME

PED OR PRINTED NAME OF SIGNING OFFICER OR DI

MACKENZIE, ROBERT K.

9000 Southside Boulevard

Jacksonville, Florida 33256

FILED

Feb 04 1997 8:00am

0029483