

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

FILED

Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H05684** (6)
1. Corporation Name
BAROCO INVESTMENTS, INC.

Principal Place of Business C/O J. H. BAROCO, SR. 6706 N. NINTH AVE D-3 PENSACOLA FL 32504-7398	Mailing Address C/O J. H. BAROCO, SR. 6706 N. NINTH AVE D-3 PENSACOLA FL 32504-7398
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/25/1984	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 59-2411311	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27	27 City & State	28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent BAROCO, JAMES H. SR. 6706 N. 9TH AVE, BLDG. D-1 PENSACOLA FL 32504				10. Name and Address of New Registered Agent	

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.		81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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SIGNATURE _____
Signature, typed or printed name of registered 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	
TITLE	PD BAROCO, J. H. JR. 6706 N NINTH AVE PENSACOLA FL 32504	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD BAROCO, RONALD ANTHONY 6706 N. NINTH AVE. PENSACOLA, FL. 32504	2.1 TITLE	VPD
NAME		2.2 NAME	BAROCO, RONALD ANTHONY
STREET ADDRESS		2.3 STREET ADDRESS	6706 N. NINTH AVE.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PENSACOLA, FL. 32504
TITLE	SD BAROCO, VICKI ANN 6706 N. NINTH AVE. PENSACOLA, FL. 32504	3.1 TITLE	SD
NAME		3.2 NAME	BAROCO, VICKI ANN
STREET ADDRESS		3.3 STREET ADDRESS	6706 N. NINTH AVE.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PENSACOLA, FL. 32504
TITLE	TD NOONAN, MARY ANTONIA 6706 N. NINTH AVE. PENSACOLA, FL. 32504	4.1 TITLE	TD
NAME		4.2 NAME	NOONAN, MARY ANTONIA
STREET ADDRESS		4.3 STREET ADDRESS	6706 N. NINTH AVE.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PENSACOLA, FL. 32504
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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:  J.H. Baroco, Jr. 4/14/98 860-476-7411

CR2E034 (10/97)