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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H28322

BARNWELL ENTERPRISES, INC.

Principal Place of Business Mailing Address					E 1981211 ALIE 11585 18158 1110 11010 1101 01	71) WIWII 318 11 WI	1811 #1811 BIBIT 1881
1802 DENNIS ST JACKSONVILLE FL 32204 US 1802 DENNIS ST JACKSONVILLE FL 32204 US US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
					11/01/1984		
2. Principal P	Place of Business 2a. Mailing Address				4. FEI Number		Applied For
21					59-2459874		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired	¥	75 Additional e Required
City & State City & State					6. Election Campaign Financing	\$5 .	00 May Be
23 28					Trust Fund Contribution		ded to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year	r Intangible Yes	□No
24	9. Name and Address of Currer	29 3	01		Personal Property Tax. 10. Name and Address of New Registe		
	9, Name and Address of Curren	it Registered Agent	81	Name	10. Italia and real oct of the stage of	<u></u>	<u>-</u>
RHYNE, J. SIMS JR. 1802 DENNIS ST			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32204			83	<u></u>			
			84	City		 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 regist 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							g its registered is registered
SIGNATURE					od when reinstating) DATI		
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	nt signature require	ADDITIONS/CHANGES TO OFFICERS		CTORS IN 12
TITLE	CD DELETE		1.1 TITLE			Chai	
NAME	DALEY, BARNWELL R.		1.2 NAME				
STREET ADDRESS	ANA THEOT AND		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP				
TITLE	PD □ DELETE		2.1 TITLE			Chai	nge
NAME	RHYNE, J SIMS JR		2.2 NAME			•	
STREET ADDRESS	1802 DENNIS ST		2.3 STREE	TADORESS			
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP				Addition
TITLE	VP DELETE		3.1 TITLE			Char	nge
NAME	RHYNE, MARGARET D		3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3 4. CITY-5	ST-ZIP		[] Char	nge 🗌 Addition
TITLE			4.1 TITLE				igo 🗀 , taaniaan
NAME	DALEY, ANIS I.		4 2 NAME	T ADDRESS			
STREET ADDRESS	4528 ORTEGA BLVD. JACKSONVILLE FL			1			
CITY-ST-ZIP	JACKOUNTILLE FL	☐ DELETÉ	4.4 CITY-S 5.1 TITLE	1-2IP		Chai	nge Addition
NAME			5.2 NAME			-	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S				
TITLE		☐ DELETE	6.1 TITLE			Char	nge 🔲 Addition

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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-\$T-ZIP