

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 AUG -4 AM 10: 53

DOCUMENT # H84604 (8)

1. Corporation Name
BARBARA CARPENTER, LTD., INC.

Principal Place of Business Mailing Address
1109 E. LAS OLAS BLVD.#9 FORT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/08/1985** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26	P.O. Box 210	59-2643944		<input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27	Blue Ridge, GA				
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28	30513 USA				
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24		29					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZIEGLER, ROBERT E.
 800 EAST BROWARD BOULEVARD
 700 CUMBERLAND BUILDING
 FORT LAUDERDALE FL 33301**

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

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 _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, BARBARA	1.2 NAME	CARPENTER, BARBARA
STREET ADDRESS	BEAU RIVAGE, 2970 ST. JOHNS AVE., 12C	1.3 STREET ADDRESS	P.O. Box 210 260 WEST MAIN
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	BLUE RIDGE, GA. 30513 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, D. GILMER	2.2 NAME	CARPENTER, D. GILMER
STREET ADDRESS	BEAU VILLAGE, 2970 ST. JOHNS AVE., 12C	2.3 STREET ADDRESS	P.O. Box 210 260 WEST MAIN
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	BLUE RIDGE, GA. 30513 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	3.1 TITLE	S: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, DONALD	3.2 NAME	CARPENTER, DONALD
STREET ADDRESS	BEAU RIVAGE, 2970 ST. JOHNS AVE., 12C	3.3 STREET ADDRESS	P.O. Box 210 260 WEST MAIN
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	BLUE RIDGE, GA. 30513 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	4.1 TITLE	T: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, BARBARA	4.2 NAME	CARPENTER, BARBARA
STREET ADDRESS	1109 E. LAS OLAS BLVD.	4.3 STREET ADDRESS	P.O. Box 210 260 WEST MAIN
CITY - ST - ZIP	FT. LAUDERDALE FL	4.4 CITY - ST - ZIP	BLUE RIDGE, GA. 30513 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara Carpenter July 17, 1995 305-524-3495
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Optional Phone #)

CR2E034 (2/95)