

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 JUL 30 PM 1:52

DOCUMENT # **H84604** (8)
 1. Corporation Name
BARBARA CARPENTER, LTD., INC.



Principal Place of Business Mailing Address
1109 E. LAS OLAS BLVD. #9 **P O BOX 210**
FORT LAUDERDALE FL 33301 **BLUE RIDGE GA 30513**
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/08/1985	3a. Date of Last Report 06/28/1996
4. FEI Number 59-2643944	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 260 WEST MAIN	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State Blue Ridge, GA.	City & State
23	28
Zip 30513	Country USA
24	29
	30

9. Name and Address of Current Registered Agent
ZIEGLER, ROBERT E.
800 EAST BROWARD BOULEVARD
700 CUMBERLAND BUILDING
FORT LAUDERDALE FL 33301

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

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	CARPENTER, BARBARA	
STREET ADDRESS	P O BOX 210	
CITY-ST-ZIP	BLUE RIDGE GA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CARPENTER, D. GILMER	
STREET ADDRESS	P O BOX 210	
CITY-ST-ZIP	BLUE RIDGE GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CARPENTER, DONALD	
STREET ADDRESS	P O BOX 210	
CITY-ST-ZIP	BLUE RIDGE GA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CARPENTER, BARBARA	
STREET ADDRESS	P O BOX 210	
CITY-ST-ZIP	BLUE RIDGE GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	500002256545--6
1.3 STREET ADDRESS	-08/04/97--01106--011
1.4 CITY-ST-ZIP	*****165.00 *****165.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	500002256545--6
2.3 STREET ADDRESS	-08/04/97--01106--012
2.4 CITY-ST-ZIP	*****8.75 *****8.75
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: **Barbara Carpenter** SIGNATURE REQUIRED **Barbara Carpenter** **706-632-4801**

CR2E034 (4/97)