FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1997 8:00am
Secretary of State

1. Corporation Name
BARNETT CHARTERS, INC.

DOCUMENT #
J96372 (4)

Mailing Address
4026 INDIGO DR.
~~12030 GULF BEACH HIGHWAY~~
PENSACOLA FL 32507
US

Principal Place of Business
4026 INDIGO DR.
~~12030 GULF BEACH HIGHWAY~~
PENSACOLA FL 32507
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. Mailing Address 21: 4026 Indigo Dr.	2a. Principal Place of Business 26: 4026 Indigo Dr.
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: Pensacola, FL	City & State 28: Pensacola, FL
Zip 24: 32507 / Country 25:	Zip 29: 32507 / Country 30:

3. Date Incorporated or Qualified: 10/05/1987
3a. Date of Last Report: 04/16/1996
4. FEI Number: 59-2854499 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: $8.75 ☐
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
BARNETT, MICHAEL R.
4026 INDIGO DR.
PENSACOLA FL 32507

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D	1.1 TITLE	
1.2 NAME	BARNETT, MICHAEL R.	1.2 NAME	
1.3 STREET ADDRESS	4026 INDIGO DR.	1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
2.1 TITLE	P	2.1 TITLE	
2.2 NAME	BARNETT, MICHAEL R.	2.2 NAME	
2.3 STREET ADDRESS	4026 INDIGO DR.	2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	
3.1 TITLE	D	3.1 TITLE	
3.2 NAME	BARNETT, SCHERRY L.	3.2 NAME	
3.3 STREET ADDRESS	4026 INDIGO DR.	3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	
4.1 TITLE	T/S	4.1 TITLE	
4.2 NAME	BARNETT, SCHERRY L.	4.2 NAME	
4.3 STREET ADDRESS	4026 INDIGO DR.	4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	500002169225
6.3 STREET ADDRESS		6.3 STREET ADDRESS	-05/07/97--01026--066
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	***165.00

5/1/97

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Scherry L Barnett April 28 1997 904 492 1837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #