FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:31

DOCUMENT # N33570 (5)

1. Corporation Name

BARNETT OFFICE PARK CONDOMINIUM ASSOCIATION, INC

Principal Place of Business	Mailing Address
50 NORTH LAURA STREET JACKSONVILLE FL 32202	50 NORTH LAURA STREET ATTN: REGULATORY RELATIONS JACKSONVILLE FL 32202 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/03/1989
3a. Date of Last Report: 04/14/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

SWARTLEY, RICHARD E.
50 LAURA STREET
JACKSONVILLE FL 32202-0610

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	LYNCH, JOHN J.	☒ Change ☐ Addition
NAME	BAKER, MICHAEL	12 NAME	P/S/T/D	
STREET ADDRESS	9000 SOUTHSIDE BLVD.	13 STREET ADDRESS	9000 SOUTHSIDE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	DANIEL, JAMES W.C.	22 NAME	STRICKLAND, DAVID	
STREET ADDRESS	9000 SOUTHSIDE BLVD.	23 STREET ADDRESS	9000 SOUTHSIDE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	D	31 TITLE	VP/D	☒ Change ☐ Addition
NAME	EVANS, RICHARD	32 NAME	WOMACK, KATHLEEN	
STREET ADDRESS	9000 SOUTHSIDE BLVD.	33 STREET ADDRESS	9000 SOUTHSIDE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	GRAHAM, CYNTHIA A.	42 NAME	MCCANN, PATRICK	
STREET ADDRESS	9000 SOUTHSIDE BLVD.	43 STREET ADDRESS	50 NORTH LAURA ST.	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE		51 TITLE	D	☐ Change ☒ Addition
NAME		52 NAME	MILES, LINDA T.	
STREET ADDRESS		53 STREET ADDRESS	9000 SOUTHSIDE BLVD.	
CITY-ST-ZIP		54 CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE		61 TITLE	D	☐ Change ☒ Addition
NAME		62 NAME	KERINS, PAUL	
STREET ADDRESS		63 STREET ADDRESS	50 NORTH LAURA ST.	
CITY-ST-ZIP		64 CITY-ST-ZIP	JACKSONVILLE, FL	

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1-23-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

John J. Lynch

(904) 464-4983
Daytime Phone #

0001215