

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

'95 MAR -2 PM 3: 26

DOCUMENT # P30346

(1)

1. Corporation Name

BARKER & JANECKY, P.C.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~310 SOUTH BAYLEN~~
~~STE. 200~~
PENSACOLA FL 32501

Mailing Address

PO BOX 2987
MOBILE AL 36652
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/31/1990

3a. Date of Last Report

04/14/1994

4. FEI Number

63-0817700

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 25 WEST CEDAR

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 PENSACOLA FLA.

27 City & State

28

Zip

24 32501

Country

25 U. S.

Zip

29

Country

30

9. Name and Address of Current Registered Agent

NEWELL, MARK A.
310 SOUTH BAYLEN
STE. 200
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name

MARK A. NEWELL

82 Street Address (P.O. Box Number is Not Acceptable)

25 WEST CEDAR

83

84 City

PENSACOLA

FL

85 Zip Code

32501

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	BARKER, E. ELLIOTT
STREET ADDRESS	3300 FIRST NATL BANK BLD
CITY - ST - ZIP	MOBILE AL
TITLE	PD
NAME	JANECKY, JOHN F.
STREET ADDRESS	3300 FIRST NATL BANK BLD
CITY - ST - ZIP	MOBILE AL
TITLE	VD
NAME	NEWELL, MARK A.
STREET ADDRESS	3300 FIRST NATL BANK BLD
CITY - ST - ZIP	MOBILE AL
TITLE	VD
NAME	POTTS, CHARLES J
STREET ADDRESS	3300 FIRST NATL BANK BLD
CITY - ST - ZIP	MOBILE AL
TITLE	SD
NAME	WELLS, JUDSON W
STREET ADDRESS	3300 FIRST NATL BANK BLD
CITY - ST - ZIP	MOBILE AL
TITLE	TD
NAME	HARE, LYNN ETHERIDGE
STREET ADDRESS	3300 FIRST NATL BANK BLD
CITY - ST - ZIP	MOBILE AL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☐ Change ☐ Addition
1.2 NAME	JANECKY, JOHN F.	
1.3 STREET ADDRESS	3300 FIRST NATL. BANK BLDG.	
1.4 CITY - ST - ZIP	MOBILE, AL.	
2.1 TITLE	VD	☐ Change ☐ Addition
2.2 NAME	NEWELL, MARK A.	
2.3 STREET ADDRESS	3300 FIRST NATL. BANK BLDG.	
2.4 CITY - ST - ZIP	MOBILE, AL.	
3.1 TITLE	VD	☐ Change ☐ Addition
3.2 NAME	POTTS, CHARLES J.	
3.3 STREET ADDRESS	3300 FIRST NATL. BANK BLDG.	
3.4 CITY - ST - ZIP	MOBILE, AL.	
4.1 TITLE	SD	☐ Change ☐ Addition
4.2 NAME	WELLS, JUDSON W.	
4.3 STREET ADDRESS	3300 FIRST NATL. BANK BLDG.	
4.4 CITY - ST - ZIP	MOBILE, AL.	
5.1 TITLE	TD	☐ Change ☐ Addition
5.2 NAME	HARE, LYNN ETHERIDGE	
5.3 STREET ADDRESS	3300 FIRST NATL. BANK BLDG.	
5.4 CITY - ST - ZIP	MOBILE, AL.	
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information exhibited 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.F. JANECKY

3/27/95

(344) 432-8786