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FILED

Apr 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P30346

(1)

1. Corporation Name

BARKER & JANECKY, P.C.



Principal Place of Business

25 WEST CEDAR  
STE. 280  
PENSACOLA FL 32501  
US

Mailing Address

PO BOX 2987  
MOBILE AL 36652-2987  
US

3. Date Incorporated or Qualified

07/31/1990

3a. Date of Last Report

03/19/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

9. Name and Address of Current Registered Agent

NEWELL, MARK A.  
25 WEST CEDAR  
STE. 280  
PENSACOLA FL 32501

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

J. F. Janecky, President

3/17/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BARKER, E. ELLIOTT	
STREET ADDRESS	3300 FIRST NATL BANK BLD	
CITY-ST-ZIP	MOBILE AL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JANECKY, JOHN F.	
STREET ADDRESS	3300 FIRST NATL BANK BLD	
CITY-ST-ZIP	MOBILE AL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NEWELL, MARK A.	
STREET ADDRESS	3300 FIRST NATL BANK BLD	
CITY-ST-ZIP	MOBILE AL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	POTTS, CHARLES J	
STREET ADDRESS	3300 FIRST NATL BANK BLD	
CITY-ST-ZIP	MOBILE AL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WELLS, JUDSON W	
STREET ADDRESS	3300 FIRST NATL BANK BLD	
CITY-ST-ZIP	MOBILE AL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 changing), or on an attachment with an address.

SIGNATURE:

J. F. Janecky President

4/3/97 334-432-8786

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)