


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Jul 22 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P30346 (1)**

1. Corporation Name  
**BARKER & JANECKY, P.C.**



Principal Place of Business 25 WEST CEDAR STE. 200 PENSACOLA FL 32501 US	Mailing Address PO BOX 2987 MOBILE AL 36652 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/31/1990**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	24 Country	25 Country	29 Country	30 Country
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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 owes or has paid the current year intangible Personal Property Tax due June 30.  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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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 checked="" type="checkbox"/> DELETE
NAME	WELLS, JUDSON W	
STREET ADDRESS	3300 FIRST NATL BANK BLD	
CITY-ST-ZIP	MOBILE AL	
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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAVID M. WILSON	
1.3 STREET ADDRESS	505 N. 20TH ST.	
1.4 CITY-ST-ZIP	BIRMINGHAM, AL 35203	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SUSAN G. SMITH	
2.3 STREET ADDRESS	3300 FIRST NATL BANK BLD	
2.4 CITY-ST-ZIP	MOBILE, AL	
3.1 TITLE	TSB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KEVIN F. MASTURSON	
3.3 STREET ADDRESS	3300 FIRST NATL BANK BLD	
3.4 CITY-ST-ZIP	MOBILE, AL	
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 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 \_\_\_\_\_ DATE 7/14/98 (221) 492-8788

CR2E034 (5/98)