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).

CITY-ST-ZIP

FILED Jul 22 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P30346 (1)BARKER & JANECKY, P.C. Principal Place of Business Mailing Address 25 WEST CEDAR PO BOX 2987 STE. 280 MOBILE AL 36652 PENSACOLA FL 32501 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/31/1990 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 63-0817700 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent NEWELL, MARK A. 81 25 WEST CEDAR 82 Street Address (P.O. Box Number Is Not Acceptable) STE. 280 PENSACOLA FL 32501 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE DELETE Change Addition JANECKY, JOHN F. NAME 1.2 NAME 3300 FIRST NATL BANK BLD STREET ADDRESS 1.3 STREET ADDRESS MOBILE AL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Addition ___ Change NEWELL, MARK A. NAME 2.2 NAME MATL BANK BLD 3300 FIRST NATL BANK BLD STREET ADDRESS 2.3 STREET ADDRESS MOBILE AL mobile CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE __ DELETE L Change POTTS, CHARLES J 3 2 NAME NAME NATH BANKBID 3300 FIRST NATL BANK BLD STREET ADDRESS 3.3 STREET ADDRESS MOBILE AL CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition WELLS, JUDSON W NAME 4.2 NAME 3300 FIRST NATL BANK BLD STREET ADDRESS 4.3 STREET ADDRESS MOBILE AL CITY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE TITLE DELETE Change ___ Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this thing does not availify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementar 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 rusted 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 or an attachment with an address.

CR2E034 (5/98)