

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P36378 (8)
 1. Corporation Name
BARLOW & PLUNKETT, LTD., INC.



Principal Place of Business 1530 N. STATE STREET JACKSON MS 39202	Mailing Address 1530 N. STATE STREET JACKSON MS 39202-1645
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3. Date Incorporated or Qualified 11/19/1991	3a. Date of Last Report 03/06/1996
4. FEI Number 64-0689054	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
COONS, HERBERT
2333 CLARE DRIVE
TALLAHASSEE FL 32308

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	P	<input type="checkbox"/> DELETE
NAME	BARLOW, CHARLES C SR	
STREET ADDRESS	3863 SLEEPY HOLLOW	
CITY - ST - ZIP	JACKSON MS	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JENKINS, DAVID T	
STREET ADDRESS	851 FAIRFAX CIRCLE	
CITY - ST - ZIP	JACKSON MS	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GARDNER, CHARLES R	
STREET ADDRESS	5415 KAYWOOD DRIVE	
CITY - ST - ZIP	JACKSON MS	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BARLOW, CHARLES C JR	
STREET ADDRESS	227 INDOLESIDE DRIVE	
CITY - ST - ZIP	MADISON MS	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	EDDY, JAMES S JR	
STREET ADDRESS	54 WINTERGREEN RD	
CITY - ST - ZIP	MADISON MS	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PLUNKETT, H C	
STREET ADDRESS	1104 RICE RD	
CITY - ST - ZIP	MADISON MS	

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 changed, or on an attachment with an address.

SIGNATURE: _____ 1/24/97 601 352-8377
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 0499634

CR2E034 (9/96)