

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000004744 (8)

1. Corporation Name

BARNETT MERGER CORPORATION



Principal Place of Business

50 N LAURA ST
JACKSONVILLE FL 32202-3610

Mailing Address

50 N LAURA ST
ATTN: REGULATORY RELATIONS
JACKSONVILLE FL 32202
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SWARTLEY, RICHARD E
50 N LAURA ST
JACKSONVILLE FL 32202-3610

81

Name

82

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

83

84

City

FL

85

Zip Code

3. Date Incorporated or Qualified

11/16/1992

3a. Date of Last Report

03/31/1995

4. FEI Number

59-3151122

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

10. Name and Address of New Registered Agent

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 of officer or director of corporation (print name)

Signature of Registered Agent (print name)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DS	☐ DELETE
NAME	COSBY, CATHERINE C	
STREET ADDRESS	50 N LAURA ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	LASTINGER, ALLEN L JR	
STREET ADDRESS	50 N LAURA ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	DT	☐ DELETE
NAME	NEWMAN, CHARLES W	
STREET ADDRESS	50 N LAURA ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	NOBLES, HINTON F JR	
STREET ADDRESS	50 N LAURA ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	P	☐ DELETE
NAME	RICE, CHARLES E	
STREET ADDRESS	50 NO LAURA STR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 119.07(3)(k), 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:

Catherine C. Cosby
CATHERINE C. COSBY

3/25/96 (904) 791-7286
Daytime Phone #

CR2E034 (12/95)