

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

FILED
Jul 01 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 # P92000014478 (1)
 1. Corporation Name
BAREFOOT APPRAISERS & CONSULTANTS, INC.



Principal Place of Business 5827 CORPORATE WAY SUITE 204 WEST PALM BEACH FL 33407	Mailing Address 5827 CORPORATE WAY SUITE 204 WEST PALM BEACH FL 33407-2000
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3. Date Incorporated or Qualified 12/21/1992	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 1118 GREEN PINE BLVD. Suite, Apt. #, etc. 22 APT. # D-2 City & State 23 WEST PALM BEACH, FLORIDA Zip 24 33409	2a. Mailing Address 26 1118 GREEN PINE BLVD Suite, Apt. #, etc. 27 APT. # D-2 City & State 28 WEST PALM BEACH, FLORIDA Zip 29 33409	Country 25 USA	Country 30 USA
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4. FEI Number 65-0383969	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BAREFOOT, RICHARD D
 5827 CORPORATE WAY
 STE 204
 WEST PALM BCH FL 33407**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BAREFOOT, RICHARD D	
STREET ADDRESS	5827 CORPORATE WAY #204	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAREFOOT, GOLDEN D	
STREET ADDRESS	1816 S. CIVTAN AVENUE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAREFOOT, JUDY A	
STREET ADDRESS	1816 S. CIVTAN AVENUE	
CITY-ST-ZIP	LAKELAND FL 33801	
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

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	D BAREFOOT, RICHARD D.
13 STREET ADDRESS	1118 GREEN PINE BLVD. # D-2
14 CITY-ST-ZIP	WEST PALM BEACH, FL. 33409
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 in an attachment with an address.

SIGNATURE _____ DATE **6/26/97** **65-0383969**

CR2E034 (9/96)