

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

FILED
Jul 01 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|----------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

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 |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|

| | |
|--------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified 12/21/1992 | 3a. Date of Last Report 05/01/1996 |
|--------------------------------------------------------|----------------------------------------------|

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 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-stating) _____ 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 | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | 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)