


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

FILED

Feb 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P 95000003636(4) 1. Corporation Name  <b>BARNETT CAPITAL ADVISORS, INC.</b>					
Principal Place of Business <b>9000 Southside Blvd Bldg 100 Jacksonville, Florida 32256</b>			Mailing Address <b>9000 Southside Blvd Bldg 100 Jacksonville, Florida 32256</b>		

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		3. Date Incorporated or Qualified <b>01/12/1995</b>		3a. Date of Last Report <b>04/23/1996</b>	
		26 <b>50 North Laura Street</b>		4. FEI Number		Applied For Not Applicable	
		27 <b>Attn: Regulatory Relations</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
		28 <b>Jacksonville, Florida</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
		29 <b>32202</b>		8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
		30 <b>USA</b>					

9. Name and Address of Current Registered Agent <b>ALLEN, JOHN L JR 9000 Southside Blvd. Bldg 100 Jacksonville, Florida 32256</b>				10. Name and Address of New Registered Agent 81 Name <b>Gary W. England</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>50 North Laura Street</b> 83 Mail Code <b>099-000-0907</b> 84 City <b>Jacksonville</b> FL 85 Zip Code <b>32202</b>			
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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 *Gary W. England* (Signature typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE **2-12-97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BAKER, MICHAEL C</b>			1.2 NAME	<b>Terry, Donna L</b>		
STREET ADDRESS	<b>9000 Southside Blvd</b>			1.3 STREET ADDRESS	<b>9000 Southside Blvd.</b>		
CITY-ST-ZIP	<b>Jacksonville, FL 32202</b>			1.4 CITY-ST-ZIP	<b>Jacksonville, FL 32256</b>		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ALLEN, JOHN L JR.</b>			2.2 NAME	<b>Nellson, Robert L.</b>		
STREET ADDRESS	<b>9000 Southside Blvd</b>			2.3 STREET ADDRESS	<b>9000 Southside Blvd.</b>		
CITY-ST-ZIP	<b>Jacksonville, FL 32202</b>			2.4 CITY-ST-ZIP	<b>Jacksonville, FL 32256</b>		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CANTOR, ANDREW M</b>			3.2 NAME	<b>Anderson, Richard A</b>		
STREET ADDRESS	<b>9000 Southside Blvd</b>			3.3 STREET ADDRESS	<b>9000 Southside Blvd.</b>		
CITY-ST-ZIP	<b>Jacksonville, FL 32202</b>			3.4 CITY-ST-ZIP	<b>Jacksonville, FL 32256</b>		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	<b>Loskill, James E.</b>		
STREET ADDRESS				4.3 STREET ADDRESS	<b>796 5th Avenue South</b>		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	<b>Naples, FL 34102</b>		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	<b>Wirth, Jeffrey J</b>		
STREET ADDRESS				5.3 STREET ADDRESS	<b>9000 Southside Blvd</b>		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	<b>Jacksonville, FL 32256</b>		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME	<b>500002091285</b>		
STREET ADDRESS				6.3 STREET ADDRESS	<b>-02/19/97--01005--029</b>		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	<b>***173.75</b>		

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: *Donna L. Terry* **Donna L. Terry** 2/11/97 (904) 987-6585  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)