FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # P95000060148

1. Corporation Name

BARNETT ANNUITIES CORPORATION
9000 SOUTHSIDE BLVD., BLDG 100
JACKSONVILLE, FL 32256

Principal Place of Business

Mailing Address

9000 SOUTHSIDE BLVD., BLDG 100
JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: AUGUST 3, 1995

3a. Date of Last Report:

4. FEI Number: 59-3319799 ☐ 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

9. Name and Address of Current Registered Agent

JACK BURKE
9000 SOUTHSIDE BLVD., BLDG 100
JACKSONVILLE, FLORIDA 32256

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

12. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	JOEL KAYE
STREET ADDRESS	1000 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	V/T
NAME	GREGORY TAYLOR
STREET ADDRESS	9000 SOUTHSIDE BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	V/D/S
NAME	DAVID M. STRICKLAND
STREET ADDRESS	230 N. WOODLAND BLVD.
CITY-ST-ZIP	DELAND, FL 32720
TITLE	D
NAME	JOHN P. BURKE
STREET ADDRESS	9000 SOUTHSIDE BLVD., BLDG 100
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D
NAME	RICHARD H. JONES
STREET ADDRESS	9000 SOUTHSIDE BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	
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		
21 TITLE	☐ Change	☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		

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***208.75

14. I do hereby certify that the information indicated on this 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 above, with an indication for any change.

Reporting is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 above, with an indication for any change.

SIGNATURE: Gregory D. Taylor 4/24/96 904-464-2919

SIGNATURE AND TITLE OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE NUMBER

GREGORY D. TAYLOR