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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000060148 (0)**

1. Corporation Name
BARNETT ANNUITIES CORPORATION

Principal Place of Business	Mailing Address
9000 SOUTHSIDE BLVD., BLDG 100 JACKSONVILLE FL 32256	9000 SOUTHSIDE BLVD., BLDG 100 JACKSONVILLE FL 32256-0792

3. Date Incorporated or Qualified: 08/03/1995
3a. Date of Last Report: 05/01/1996

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

2a. Mailing Address
26: 50 North Laura Street
Suite, Apt. #, etc.
27: Attn: Regulatory Relations
City & State
28: Jacksonville, Florida
Zip / Country
29: 32202 30: USA

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

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

10. Name and Address of New Registered Agent

81 Name: Gary W. England
82 Street Address (P.O. Box Number is Not Acceptable): 50 North Laura Street
83: Mail Code 099-000-0907
84 City: Jacksonville, FL 85 Zip Code: 32202

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 of the new registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KAYE, JOEL 1000 NORTH FEDERAL HIGHWAY BOCA RATON FL 33432	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	CD Jones, Richard H 9000 Southside Boulevard Jacksonville, Florida 322	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT TAYLOR, GREGORY 9000 SOUTHSIDE BLVD., BLDG 100 JACKSONVILLE FL 32256	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Taylor, Gregory 9000 Southside Boulevard Jacksonville, Florida 32256	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDS STRICKLAND, DAVID M 230 N. WOODLAND BLVD. DELAND FL 32720	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Nellson, Robert L. 9000 Southside Boulevard Jacksonville, Florida 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURKE, JOHN P 9000 SOUTHSIDE BLVD., BLDG 100 JACKSONVILLE FL 32256	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Pearsall, Albert B 9000 Southside Boulevard Jacksonville, Florida 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, RICHARD H 9000 SOUTHSIDE BLVD. JACKSONVILLE FL 32256	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DS Herlihy, Peter 9000 Southside Boulevard Jacksonville, Florida 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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 with an address.

SIGNATURE: Robert L. Nellson 2/13/97 (904) 987-7850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #