

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P95000083436 (2)

31 5/22 96 MAY 16 AM 8:19

1. Corporation Name
~~BARNETT MERCHANT PROCESSING COMPANY~~
BARNETT MERCHANT SERVICES CORPORATION



Principal Place of Business: 9000 SOUTHSIDE BLVD. BLDG 400 JACKSONVILLE FL 32256
Mailing Address: 9000 SOUTHSIDE BLVD. BLDG 400 JACKSONVILLE FL 32256

3. Date Incorporated or Qualified: 10/31/1995
3a. Date of Last Report: [Blank]
4. FEI Number: 59-3354409
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

2. Principal Place of Business
21 [Blank]
22 Suite, Apt. #, etc. [Blank]
23 City & State [Blank]
24 Zip [Blank] 25 Country [Blank]
2a. Mailing Address
26 [Blank]
27 Suite, Apt. #, etc. [Blank]
28 City & State [Blank]
29 Zip [Blank] 30 Country [Blank]

9. Name and Address of Current Registered Agent
RAX CO.
50 NORTH LAURA ST.
3400 BARNETT CENTER
JACKSONVILLE FL

10. Name and Address of New Registered Agent
81 Name [Blank]
82 Street Address (P.O. Box Number is Not Acceptable) [Blank]
83 [Blank]
84 City [Blank] 85 Zip Code [Blank]

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: [Blank] (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MILES, LINDA T	
STREET ADDRESS	9000 SOUTHSIDE BLVD. BLDG 400	
CITY - ST - ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FREEMAN, DOUGLAS K	
STREET ADDRESS	50 NORTH LAURA ST.	
CITY - ST - ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	800001834445	
1.3 STREET ADDRESS	-05/22/96--01030--001	
1.4 CITY - ST - ZIP	****208.75 ****208.75	
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	S/SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kathleen L. Graf	
3.3 STREET ADDRESS	9000 Southside Blvd., Bldg. 400	
3.4 CITY - ST - ZIP	Jacksonville, FL 32256	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changed, with an address.

SIGNATURE: [Signature] 4/12/96 904-464-3086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KATHLEEN L. GRAF

CR2E034 (12/95)