

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

**FILED**

**Feb 24 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P95000083436 (2)**

1. Corporation Name  
**BARNETT MERCHANT SERVICES CORPORATION**



Principal Place of Business: **8000 SOUTHSIDE BLVD. BLDG 400 JACKSONVILLE FL 32256**

Mailing Address: **8000 SOUTHSIDE BLVD. BLDG 400 JACKSONVILLE FL 32256-0787**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		10/31/1995		05/16/1996	
22 Suite, Apt. #, etc.		27		4. FEI Number		Applied For	
23 City & State		28		59-3354409		Not Applicable	
24 Zip		29		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Country		30		X		5.00 May Be Added to Fees	
26		31		6. Election Campaign Financing Trust Fund Contribution		No	
27		32		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		X Yes [ ] No	

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: **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*  
(Type title, typed or printed name of registered agent, and fee, if applicable.)  
(NOTE: Registered Agent signature required when reinstating.)  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MILES, LINDA T</b>	
STREET ADDRESS	<b>9000 SOUTHSIDE BLVD. BLDG 400</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FREEMAN, DOUGLAS K</b>	
STREET ADDRESS	<b>50 NORTH LAURA ST.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>GRAF, KATHLEEN L</b>	
STREET ADDRESS	<b>9000 SOUTHSIDE BLVD., BLDG. 400</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	
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 type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Crotzer, M. Alex</b>
2.3 STREET ADDRESS	<b>50 North Laura Street</b>
2.4 CITY-ST-ZIP	<b>Jacksonville, FL 32202</b>
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 on an attachment with an address.

SIGNATURE: *Linda T Miles* Linda T. Miles 2/19/97 (904) 464-3002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone #

CR2E034 (9/96)