

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)


APPROVED
AND
FILED

1997 AUG 25 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000005666 (8)**

1. Corporation Name

B.D. BARFIELD ENTERPRISES, INC.

Principal Place of Business

**1417 SADLER RD
FERNANDINA BEACH FL 32034**

Mailing Address

**1417 SADLER RD
FERNANDINA BEACH FL 32034**

2. Principal Place of Business 21 8826 Goodbys Exec. DR. Suite, Apt. #, etc. 22 City & State 23 Jacksonville, FLA Zip 24 32217 Country 25 Duval	2a. Mailing Address 26 8826 Goodbys Exec. DR. Suite, Apt. #, etc. 27 City & State 28 Jacksonville, FL Zip 29 32217 Country 30 Duval	3. Date Incorporated or Qualified 01/18/1996	3a. Date of Last Report
		4. FEI Number 59-3353638	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BARFIELD, BRUCE D
1417 SADLER RD
FERNANDINA BEACH FL 32034**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARFIELD, BRUCE D	1.2 NAME	600002278526--9
STREET ADDRESS	1417 SADLER RD	1.3 STREET ADDRESS	-08/27/97--01067--020
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	1.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARFIELD, TERRI S	2.2 NAME	
STREET ADDRESS	1417 SADLER RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

BRUCE D BARFIELD **8-15-97** **604-730-1137**

CR2E034 (4/97)

②

August 15, 1997

B. D. Enterprises, Inc.
8826 Goodbys Executive Drive
Jacksonville, FL 32217

Annual Reports Filings
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:


Please find enclosed the renewal of my "Profit Corporation Annual Report Packet". I have also enclosed a check for \$165.00.

I have enclosed this amount after speaking with a representative in your office. I explained that because of a change of address I ~~had not received~~ notice without ever receiving a first notice. The representative advised me to send in my completed renewal with a letter of explanation.

As per their suggestion, I am sending this second request in with a letter of explanation as to the delay in my response to this renewal.

Thank you in advance for your assistance with this.

Sincerely,



Bruce D. Barfield
B. D. Barfield Enterprises, Inc.