

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

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Mar 27 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 # P96000079045 (6)

1. Corporation Name  
BARNETT INSURANCE SERVICES, INC.



Principal Place of Business  
10465 SOUTHEAST U.S. HIGHWAY 441  
BELLEVUE FL 34421

Mailing Address  
10465 SOUTHEAST U.S. HIGHWAY 441  
BELLEVUE FL 34420-2805

3. Date Incorporated or Qualified 09/23/1996	3a. Date of Last Report
4. FEI Number 59-3403897	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 50 North Laura Street
22 City & State	27 Attn: Regulatory Relations
23 Country	28 Jacksonville, Florida
24 Zip	29 32202
25 Country	30 USA

9. Name and Address of Current Registered Agent  
SWARTLEY, RICHARD E ESQ.  
50 NORTH LAURA STREET  
JACKSONVILLE FL 32202

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
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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* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D JONES, RICHARD H
STREET ADDRESS	50 NORTH LAURA STREET
CITY - ST - ZIP	JACKSONVILLE FL 32202
TITLE	<input type="checkbox"/> DELETE
NAME	D NELSON, RICHARD E
STREET ADDRESS	9000 SOUTHSIDE BOULEVARD
CITY - ST - ZIP	JACKSONVILLE FL 32258
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D SWARTLEY, RICHARD E
STREET ADDRESS	50 NORTH LAURA STREET
CITY - ST - ZIP	JACKSONVILLE FL 32202
TITLE	<input type="checkbox"/> DELETE
NAME	D WHITE, ROBERT K
STREET ADDRESS	9000 SOUTHSIDE BOULEVARD
CITY - ST - ZIP	JACKSONVILLE FL 32258
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D Nellson, Robert L
2.3 STREET ADDRESS	9000 Southside Boulevard
2.4 CITY - ST - ZIP	Jacksonville, Florida 32256
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D Clifford, Linda
3.3 STREET ADDRESS	10465 S. High ay 441
3.4 CITY - ST - ZIP	Belleview, Florida 34420
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 checked="" type="checkbox"/> Addition
5.2 NAME	S Linky, Matthew S.
5.3 STREET ADDRESS	9000 Southside Boulevard
5.4 CITY - ST - ZIP	Jacksonville, Florida 32256
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; that I am a member 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 hereon, or as an attachment with an address.

SIGNATURE: *Robert L. Nelson* Robert L. Nelson 2/13/97 (904) 987-7850

CR2E034 (9/96)