

9-22-97 13-8437-C
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.)

FILED
Sep 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000088454 (9)

1. Corporation Name
BARNABAS CORPORATION

Principal Place of Business

Mailing Address

8788 TOWNSQUARE CT.
JACKSONVILLE FL 32216

8788 TOWNSQUARE CT.
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/24/1996		3a. Date of Last Report	
21		26		4. FEI Number 59-3412658		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Zip		25 Country		29 Zip		30 Country	
9. Name and Address of Current Registered Agent SMITH, PRENTICE 8788 TOWNSQUARE CT. JACKSONVILLE FL 32216				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				FL 85 Zip Code			

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	Chief Executive Officer	<input type="checkbox"/> DELETE		1.1 TITLE	Chief Executive Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Prentice Smith			1.2 NAME	Prentice Smith		
STREET ADDRESS	8788 TOWNSQUARE CT.			1.3 STREET ADDRESS	8788 TOWNSQUARE CT.		
CITY-ST-ZIP	JACKSONVILLE, FL 32216			1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216		
TITLE	President of Creative Development	<input type="checkbox"/> DELETE		2.1 TITLE	President of Creative Design, Finance & Administration	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Robert Lampkin			2.2 NAME	ROBERT LAMPKIN		
STREET ADDRESS	8070 CHARMONT DR.			2.3 STREET ADDRESS	8070 CHARMONT DR.		
CITY-ST-ZIP	JACKSONVILLE, FL 32211			2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32211		
TITLE	Ernest Jackson	<input type="checkbox"/> DELETE		3.1 TITLE	President of Marketing & Business Development	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Ernest Jackson			3.2 NAME	ERNEST JACKSON		
STREET ADDRESS	7844 MATTOX			3.3 STREET ADDRESS	7844 MATTOX		
CITY-ST-ZIP	JACKSONVILLE, FL 32219			3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32219		
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: _____

97 SEPT 16

CR2E034 (4/97)