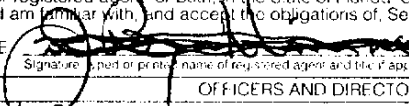
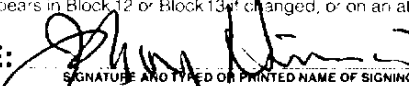


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S31383 (0)		1. Corporation Name BARRY'S CADDY'S, INC.	
Principal Place of Business 1117 BEACH BLVD. JACKSONVILLE BEACH FL 32250		Mailing Address 1117 BEACH BLVD. JACKSONVILLE BEACH FL 32250	
2. Principal Place of Business 21 221 BEACH BLVD Suite, Apt. #, etc. 22 City & State 23 JAX BEACH FL Zip 24 32250		2a. Mailing Address 26 321 BEACH BLVD Suite, Apt. #, etc. 27 City & State 28 JAX BEACH FL Zip 29 32250 Country 30 FLORIDA	
3. Date Incorporated or Qualified 02/12/1991		3a. Date of Last Report 07/25/1995	
4. FEI Number 59-3056775		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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent HINNANT, J. BARRY 1117 BEACH BLVD JACKSONVILLE BCH. FL 32250		10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 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's signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
1.1 TITLE <input type="checkbox"/> DELETE			
NAME HINNANT, J. BARRY			
STREET ADDRESS 1117 BEACH BLVD			
CITY-ST-ZIP JACKSONVILLE BCH FL			
1.2 TITLE <input type="checkbox"/> DELETE			
NAME HINNANT, LILLIAN C.			
STREET ADDRESS 1117 BEACH BLVD			
CITY-ST-ZIP JACKSONVILLE BCH FL			
1.3 TITLE <input type="checkbox"/> DELETE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
1.4 TITLE <input type="checkbox"/> DELETE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
1.5 TITLE <input type="checkbox"/> DELETE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
1.6 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 type="checkbox"/> Addition			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE:  J. BARRY HINNANT 6/26/96 (904) 541-7977			

CR2E034 (3/96)