

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

| PROFIT CORPORATION ANNUAL REPORT 1999 | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
|--|-------------------------|---|---|
| DOCUMENT # V33011 | | 99 JUN 23 11:21 SOLICITOR GENERAL TALLAHASSEE, FLORIDA | |
| 1. Corporation Name Barnwell & Associates, Inc. | | DO NOT WRITE IN THIS SPACE | |
| Principal Place of Business 3760 Kori Road Jacksonville, FL 32257 USA | | Mailing Address P.O. Box 600070 Jacksonville, FL 32260 USA | |
| 2. Principal Place of Business | | 3. Date Incorporated or Qualified April 28, 1992 | |
| 21 | Suite, Apt. #, etc. | 26 | 4. FEI Number 59-3120330 |
| 22 | City & State | 27 | Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable |
| 23 | Zip | 28 | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 24 | Country | 29 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 9. Name and Address of Current Registered Agent Barnwell, Timothy S. 3760 Kori Road Jacksonville, FL 32257 | | 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 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 <i>Timothy S. Barnwell</i> Signature typed or printed name of registered agent and title if applicable | | DATE 06/29/99 (NOTE: Registered Agent signature required when reinstating) | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PSD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Barnwell, Timothy S. | 1.2 NAME | |
| STREET ADDRESS | 1442 Fruitcove Road | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | Jacksonville, FL 32259 | 1.4 CITY-ST-ZIP | |
| TITLE | VPD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Barnwell, Thomas P. III | 2.2 NAME | |
| STREET ADDRESS | 3174 Laramie Drive S.E. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | Vining, GA 30339 | 2.4 CITY-ST-ZIP | |
| TITLE | | 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 | | 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 | | 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 | | 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 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, with all other like empowered

SIGNATURE: *Timothy S. Barnwell*
Signature typed or printed name of signing officer or director

CR2E034 (11/98)