FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 13 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 539362 (4)

1. Corporation Name
PENSACOLA ROPE COMPANY, INC.

100001406041
-02/14/95--01086--014
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
PENSACOLA ROPE CO. INC. CONFERENCE ROAD 1070 CONFERENCE RD PENSACOLA FL 32534 US	PENSACOLA ROPE CO. INC. CONFERENCE ROAD P O BOX 7226 PENSACOLA FL 32534

3. Date Incorporated or Qualified: 07/14/1977
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23 GONZALEZ, FL
Zip
24 32560
Country
25 ESCAMBIA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-1754885 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CARR, JOHN B
316 S BAYLEN ST
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name: BOBBY S. CLARKSON
82 Street Address (P.O. Box Number Is Not Acceptable): 1070 CONFERENCE RD.
83
84 City: GONZALEZ FL 85 Zip Code: 32560

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: Bobby S. Clarkson
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: 1/12/95

12. OFFICERS AND DIRECTORS	
TITLE	SD
NAME	CALRKSON, BOBBY S
STREET ADDRESS	1070 CONFERENCE RD
CITY-ST-ZIP	PENSACOLA, FL 00000
TITLE	PTD
NAME	CLARKSON, GENE P
STREET ADDRESS	1070 CONFERENCE RD
CITY-ST-ZIP	PENSACOLA, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☑ Change ☐ Addition
1.2 NAME	CLARKSON, BOBBY S	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	GONZALEZ, FL. 32560	
2.1 TITLE		☑ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	GONZALEZ, FL. 32560	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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)(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: G.P. Clarkson G.P. CLARKSON 1/12/95 904-968-9760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0390184 CP