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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 539362

(4)

PENSACOLA ROPE COMPANY, INC.  Principal Place of Business  PENSACOLA ROPE CO. INC. CONFERENCE ROAD 1070 CONFERENCE RD PO BOX 7228 GONZALEZ FL 32580  Mailing Address  PENSACOLA ROPE CO. INC. CONFERENCE ROAD P O BOX 7228 PENSACOLA FL 32534-0228									
us						3. Date Incorporated or Qualified		ate of Last R	eport
O Character !	Place of Business	2a. Mailing Address				07/14/1977 4. FEI Number	04/	04/1996	antinet from
h	raice o Duaniess	26				59-1754885		ļ	oplied For ot Applicable
21 Suite, Apt	#. efc	Suite, Apt. #, etc.						\$8.75	
22		27				Certificate of Status Desired		Fee Re	
City & Sta	le	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added 1	
Zφ	Country	Zip	J	unity		8. This corporation has liability for			199.032,
24	25	29	30				Yes		
	9. Name and Address of Curren	t Registered Agent		1		10. Name and Address of New R	egistered	Agent	
	ARKSON, BOBBY S.			81	Name				
	70 CONFERENCE RD			82	Street Add	ress (P.O. Box Number is Not Accepta	ble)	n	
GO	INZALEZ FL 32560			83					
İ				*3					
				84	City		FL	85 Zip (	Code
11, Pursuant office or agent 1.						poration submits this statement for the attended to the acception's board of directors. I hereby acceptions		changing it cointment as	s registered registered
	Engradus are production in the governed age			_, <u>~</u>	nt signature requ	ired when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE OF DO AND	DIDECTOR	10 IN 12
12.	OFFICERS AND	DELETE DELETE	13.	TITLE		ADDITIONS/CHANGES TO OFFI	CEHO AIVE	Change	Addition
NAME:	CLARKSON, BOBBY S.	better		VAME	1			C ourside	- Pladifier
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STREET ADDRESS	AATA AALIECACIIAE AA		23.5	STREET	ADDRESS				
CITY-ST 26	GONZALEZ FL 32560		2.4	CITY-S	ST- ZIP				
wit		DELETE		TITLE		1.7		Change	☐ Addition
NAV:	1		321	NAME					
STREET ADDRESS			3.3 5	STREET	ADDRESS				
CHY-51-7#				CITY-S	51 - ZIP	······································			
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STREET ADORESS	• [				ADDRESS				
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11716		ביין מנינונ	- 1	TITLE				Change	Addition
NAME Objects a social con-	. [		- 1	NAME	ADDRESS				
SIME ADDRESS			- 1		ADDRESS				
THILE		DELETE		CITY-S TITLE	1.782		·	Change	Addilion
NAME		E.J CALCIL		NAME	-			man manage	
STREET APORESS			- 1		ADDRESS				
CHY- ST- 7IP	<b>' )</b>			CITY-S	1				
501.5.78	4		0.4	U111-5	1-ZIF	d in Contine 110 02/21/1) Florido Ctot d	an I E with a	c portification	dh a

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 armual 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 3 if changed or on an effective ment with an address

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**FILED** 

Apr 09 1997 8:00am

Secretary of State