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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 644299

(0)

FILED Apr 21 1997 8:00am Secretary of State

Principal Place of Business 4909 B MOBILE HWY PENSACOLA FL 32506	Mailing Address 4909 B MOBILE HWY PENSACOLA FL 32506-3229				
to the second of			 Date Incorporated or Qualified 11/06/1979 	d 3a. Date of Last F 05/01/1996	Report
2. Principal Place of Business	2a. Mailing Address	·····	4. FFI Number		oplied For
n 4	26		59-1950309	N	ot Applicat
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional
City & State	City & State		6. Election Campaign Financing		equired
28	28		Trust Fund Contribution	F	May Be to Fees
Zip Country	Zip	Country	8. This corporation has liability for		
24 25	29	30		X Yes No	_,
9. Name and Address of Curred BASHAW, ROBERT W	nt Registered Agent	81 Name	10. Name and Address of New F	Registered Agent	
PENSACOLA FL 32508		83 84 City		- - - - - - - - - - - - -	Code
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig	02 and 607.1508, Florida Statu o of Florida. Such change was pations of, Section 607.0505, Fl	tes, the above-named corpora authorized by the corpora orida Statules.	poration submits this statement for the tion's board of directors. I horoby acc	e purpose of changing i cept the appointment as	ls registere registered
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig SIGNATURE Signature, typed or printed name of registered agent.		tes, the above-named con authorized by the corporal orida Statules. IE: Registered Agent signature requ		e purpose of changing in cept the appointment as	ls registered registered
SIGNATURE Signature, typed or printed name of registeric age 12. OFFICERS AN	entano ide il applicable (KO ID DIRECTORS			DATE FICERS AND DIRECTOR	RS IN 12
SIGNATURE Signature, typed or printed name of registerical age 12. OFFICERS AN TITLE SDT	Od) eldes leges lissen une loss	TE: Registered Agent signature required. 13. 1.1 HHt	iired when reinstaling)	DATE	IS IN 12
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