

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90214 025 ****61.25

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DOCUMENT # 740974

1. Corporation Name

**PENSACOLA SECTION, INSTRUMENT SOCIETY OF AMERICA
, INC.**

Principal Place of Business

Mailing Address

ATTN: ACTING TREASURE
1542 HUNTERS CREEK DR.
CANTONMENT FL 32533
USP O BOX 1028
GONZALES FL 32560-1028
US

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

12/07/1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

58-2349868

Not Applicable

City & State

City & State

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

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAWSON, SONNY
1542 HUNTER'S CREEK DR
CANTONMENT FL 32533

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME GRAHAM, RICHARD
STREET ADDRESS 3721 WHISPERING PINES DR
CITY-ST-ZIP PENSACOLA FL 325041.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME DOUG BRIGMAN
1.3 STREET ADDRESS 2830 HWY 297 A
1.4 CITY-ST-ZIP CANTONMENT FL 32533TITLE TD ☐ DELETE
NAME RAWSON, SONNY
STREET ADDRESS 1542 HUNTERS CREEK DR
CITY-ST-ZIP CANTONMENT FL2.1 TITLE ☐ Change ☒ Addition
2.2 NAME ~~RAWSON, SONNY~~
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE SD ☐ DELETE
NAME LISTER, LU
STREET ADDRESS 5264 EMERALD DR
CITY-ST-ZIP PACE FL 325713.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 617, 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:

SIGNATURE REQUIRED

SONNY RAWSON

3-24-99

850-968-6362

Date

Daytime Phone #

CR2E037 (1/98)