

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 755255 (7)**  
 1. Corporation Name  
**FAVORHOUSE OF NORTHWEST FLORIDA, INC.**



Principal Place of Business 2001 W BLOUNT ST PENSACOLA FL 32501 US	Mailing Address 2001 W BLOUNT ST PENSACOLA FL 32501 US
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3. Date Incorporated or Qualified <b>11/24/1980</b>	3a. Date of Last Report <b>04/05/1995</b>
4. FEI Number <b>59-2075120</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

**9. Name and Address of Current Registered Agent**  
 MR. BILL MCWACHERN  
 CARLTON, FIELDS, WARD, EMMANUEL, SMITH AND  
 CUTLER 25 WEST CEDAR STREET  
 PENSACOLA FL 32501

**10. Name and Address of New Registered Agent**

81. Name <b>Cyndi T. McMahon</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>2320 Glamis Dr.</b>
83. City <b>Pensacola, FL</b>
84. Zip Code <b>32503</b>

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: *Cyndi T. McMahon* **Cyndi T. McMahon, President** 6/13/96  
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 <b>PD</b>	<b>CHEACHERN, BILL</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHEACHERN, BILL</b>	1.2 NAME	<b>Cyndi T. McMahon</b>
STREET ADDRESS	<b>25 WEST CEDAR STREET</b>	1.3 STREET ADDRESS	<b>2320 Glamis Dr.</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>	1.4 CITY-ST-ZIP	<b>Pensacola, FL 32503</b>
TITLE <b>VPD</b>	<b>MCMAHON, CYNDI</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCMAHON, CYNDI</b>	2.2 NAME	<b>Pat Windham/Dean Witter Reynolds Inc.</b>
STREET ADDRESS	<b>2320 GLAMIS DR</b>	2.3 STREET ADDRESS	<b>270 N. Palafox St.</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>	2.4 CITY-ST-ZIP	<b>Pensacola, FL 32501</b>
TITLE <b>SD</b>	<b>HODGES, KATHY</b> <input type="checkbox"/> DELETE	3.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HODGES, KATHY</b>	3.2 NAME	<b>Kathy Hodges</b>
STREET ADDRESS	<b>305 PORT ROYAL WAY</b>	3.3 STREET ADDRESS	<b>7439 San Ramon Dr.</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>	3.4 CITY-ST-ZIP	<b>Milton, FL 32583</b>
TITLE <b>TD</b>	<b>WINDHAM, PAT</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WINDHAM, PAT</b>	4.2 NAME	<b>Ken Woolf</b>
STREET ADDRESS	<b>DEAN WITTER REYNOLDS, INC, P.O. BOX 110</b>	4.3 STREET ADDRESS	<b>100 W. Gadsden St.</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>	4.4 CITY-ST-ZIP	<b>Pensacola, FL 32501</b>
TITLE <b>ATD</b>	<b>SMART, BILL</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>ATD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMART, BILL</b>	5.2 NAME	<b>Patti Hutto</b>
STREET ADDRESS	<b>3901 W. MADURA ROAD</b>	5.3 STREET ADDRESS	<b>1120 Tall Pine Trail</b>
CITY-ST-ZIP	<b>GULF BREEZE FL</b>	5.4 CITY-ST-ZIP	<b>Gulf Breeze, FL 32561</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>300001895383</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-07/16/96--01148--845</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>***61.25</b>

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)(k), 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.

SIGNATURE: *Cyndi T. McMahon* **Cyndi T. McMahon, President** 6/13/96 904-433-0955  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (3/96)