

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 APR 17 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **769627 (1)**  
1. Corporation Name  
**PRIVATE INDUSTRY COUNCIL OF ESCAMBIA, INC.**

Principal Place of Business Mailing Address  
**3300 NORTH PACE BLVD. SUITE 501 PENSACOLA FL 32505**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/29/1983** 3a. Date of Last Report **03/02/1994**  
4. FEI Number **59-2436000** Applied For Not Applicable  
5. Certificate of Status Desired  **\$0.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  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 Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**CONDON, A. G., JR.  
30 SOUTH SPRING ST.  
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent  
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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	CD
NAME	STUBBLEFIELD, AL
STREET ADDRESS	1000 W. MORENO ST
CITY - ST - ZIP	PENSACOLA FL 32504
TITLE	VD
NAME	KEPNER, DANNY
STREET ADDRESS	P.O. BOX 18331
CITY - ST - ZIP	PENSACOLA FL 32598-1831
TITLE	TD
NAME	JONES, JR. ELBERT
STREET ADDRESS	324 W. STRONG ST
CITY - ST - ZIP	PENSACOLA FL 32501
TITLE	S/D
NAME	SOUTHERLAND, ANN
STREET ADDRESS	1000 COLLEGE BLVD
CITY - ST - ZIP	PENSACOLA FL 32504
TITLE	MD
NAME	BOGGS, JAMES
STREET ADDRESS	3300 N PACE BLVD S401
CITY - ST - ZIP	PENSACOLA FL
TITLE	CEO
NAME	BOGGS, JAMES W.
STREET ADDRESS	3300 N PACE BLVD S401
CITY - ST - ZIP	PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	S/D
4.2 NAME	LINDA GAMPHER
4.3 STREET ADDRESS	P.O. BOX 1393
4.4 CITY - ST - ZIP	PENSACOLA, FL 32596
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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, or on an attachment with an address.

SIGNATURE: *James W. Boggs* Executive Director 3/29/95 904-433-6901  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR