

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 769627 (1)

1. Corporation Name
PRIVATE INDUSTRY COUNCIL OF ESCAMBIA, INC.



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

3. Date Incorporated or Qualified **07/29/1983** 3a. Date of Last Report **04/17/1995**

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

4. FEI Number **59-2436000** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONDON, A. G., JR.
30 SOUTH SPRING ST.
PENSACOLA FL 32501

81 Name **Ray, Kievit & Kelly, P.A.**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **15 W. Main Street**
84 City **Pensacola, FL** 85 Zip Code **32501**

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 617.0803, Florida Statutes.

SIGNATURE *Robert W. Kievit* **Apr 16, 1996**
Signature typed or printed name of registered agent and title, if any, in block letters. (NOTE: Registered Agent signature required.)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	STUBBLEFIELD, AL	
STREET ADDRESS	1000 W. MORENO ST	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KEPNER, DANNY	
STREET ADDRESS	P.O. BOX 18331	
CITY-ST-ZIP	PENSACOLA FL 32598-1831	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JONES, JR. ELBERT	
STREET ADDRESS	324 W. STRONG ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LINDA GAMPHER	
STREET ADDRESS	P.O. BOX 1393	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	BOGGS, JAMES	
STREET ADDRESS	3300 N PACE BLVD S401	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	BOGGS, JAMES W.	
STREET ADDRESS	3300 N PACE BLVD S401	
CITY-ST-ZIP	PENSACOLA FL	

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Brown, Eugene	
1.3 STREET ADDRESS	29 South Spring Street	
1.4 CITY-ST-ZIP	Pensacola, FL 32501	
2.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hicks, Larry	
3.3 STREET ADDRESS	316 S. Baylen Street, Ste. 250	
3.4 CITY-ST-ZIP	Pensacola, FL 32501	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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, changed, or on an attachment with an address.

SIGNATURE: *James W. Boggs* **James W. Boggs, President (904) 432-4594**
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)