FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 14 1997 8:00am

Secretary of State

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # F03329

(2)

| Principal Place of Business Mailing Address 3030 NORTH "E" STREET P O BOX 18080 P O BOX 18080 PENSACOLA FL 32505-5004 PENSACOLA FL 32523-8080 | | | | | |
|--|---|---------------------------------|---|--|-------------------------------------|
| | | | | Date incorporated or Qualified 10/27/1980 | 3a. Date of Last Report 04/30/1996 |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | Applied for |
| 21 | | 26 | | 59-1584492 | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation has liability for | or inlangible tax under s. 199.032. |
| 24 | 25 | | [30] | Florida Statutes | Yes No |
| | 9. Name and Address of Currer | nt Registered Agent | | 10. Name and Address of New | Registered Agent |
| | NDLEY, RAYMOND | | 81 Name | | |
| 3030 N "E" STREET | | | B2 Street Add | dress (P.O. Box Number is Not Acceptable) | |
| C/O PENSACOLA MILL SUPPLY | | | | | |
| PEN | ISACOLA FL 32501 | | 83 | | |
| • | | | 84 City | | FL 85 Zip Code |
| office or a agent. I a SIGNATURE | to the provisions of Sections 607 vergistered agont, or both, in the State im familiar with, and accept the oblig | ations of, Section 607.0505, Fi | tos, the above-named corp authorized by the corporal lorida Statutes. It flegistered Agent signature requi | poralion submits this statement for the tion's board of directors. I hereby acc | |
| 12. | | D DIRECTORS | 13. | ADDITIONS/CHANGES TO OFF | DATE |
| TITLE | V | DELETE | 1.1 101.6 | ADDITIONS/OFFANGES TO OFF | Change Addition |
| NAME | KING, JAMES C | | 1.2 NAME | | |
| STREET ADDRESS | 3030 NORTH "E" STREET | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PENSACOLA FL | | 1.4 CITY - ST - ZIP | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | Change Addition |
| NAME | ROTH, JOEL L | | 2.2 NAME | | · |
| STREET ADDRESS | 354 NELSON ST SW | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ATLANTA GA | | 2.4 CITY-ST-7/P | | |
| TITLE | S | DELETE | 3 1 TITLE | | Change Addition |
| NAME | PETRONIS, KERRY | | 3.2 NAME | | · |
| STREET ADDRESS | 342 NELSON ST SW | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ATLANTA GA | | 3.4. CH1Y+S1+ZIF | | |
| TITLE | | ∐ DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY - \$1 - 7IP | | |
| TITLE | | ☐ DELFTE | 5 1 TOLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | Destina | 5.4 CHY-S1-ZIP | T. A. L | |
| TITLE | | ☐ DETEJE | 6 1 1711 1 | | Change Addition |
| NAME OTREET ADDRESS | | | 6.2 NAME | | |
| STREET ADDRESS | | | 63 STREET ADDRESS | | |

64 CITY-ST-ZIP 14. I do 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 supplieriental 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

29.99