## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90005 046 \*\*\*150.00

| 1. Corporatio                           | MENT # G7256 FFORD COMPANY  | .1  |  |  |                                |                 |
|---|---|---|--|--|--------------------------------|-----------------|
| Principal Plac                          | e of Business   | Mailing Address   |  | I CEBURIC BOUG REBURE RIBER BRIND BRIDG RIBER BRIE   | SI BIGIC <b>E</b> stel Bigic B | KAKU ALAUK IAAK |
| 4400 BAYOU BLVD #35 4400 BAYOU BLVD #35 |   |   |  |  |                                |                 |
| PENSACOLA FL 32503 PENSACOLA FL 32503   |   |   |  |  |                                |                 |
| US                                      |   | US  |  | DO NOT WRITE IN TH   | IIS SPACE                      |                 |
| <br>                                    |   |   |  | 3. Date Incorporated or Qualifed 11/27/1983  |                                |                 |
| ·                                       | Place of Business   | 2a. Mailing Address   | *****  | 4. FEI Number  | Ар                             | plied For       |
| 21                                      |   | 26  |  | 59-2363758   |                                | nt Applicable   |
| Suite, Apt.                             | #, etc.   | Suite, Apt. #, etc.   |  | 5. Certificate of Status Desired   | \$8.75 A                       |                 |
| 22                                      |   | 27  |  |  | Fee.Re                         |                 |
| City & Stat                             | le  | City & State  |  | 6. Election Campaign Financing   | \$5.00                         | •               |
| Zip                                     | Country   | 28  | Country  | Trust Fund Contribution  | Added t                        | o Fees          |
| 24                                      | 25  |   | 30   | 8. This corporation owes the current year  |                                | □No             |
| 24  5                                   | 9. Name and Address of Curr   |   | 30   | Personal Property Tax.  10. Name and Address of New Register   |                                |                 |
|   | (12)// disk / (02)/ 03/ 03/   | THE MANAGEMENT OF THE PARTY OF | 81 Name  | The state and state of the stat | 14 / 90/11                     |                 |
| HUF                                     | FORD, JOHN F.   |   | \_ <del>-</del>  |  |                                |                 |
| 4400 BAYOU BLVD                         |   |   | 82 Street Ad   | ddress (P.O. Box Number is Not Acceptable)   |                                |                 |
| STE 35                                  |   |   | 83   |  |                                |                 |
| PEN:                                    | SACOLA FL 32503   |   |  |  |                                |                 |
|   |   |   | 84 City  |  | 85 Zip C                       | Code            |
| 11. Pursuant                            | to the provisions of Sections 607.0   | 502 and 607 1508 Florida Statute  | s the shove-named co   | orporation submits this statement for the purpose  |                                | registered      |
| office or r<br>agent. I a<br>SIGNATURE  | egistered agent, or both, in the Sta<br>im familiar with, and accept the obli<br>Signature, typed or printed name of registered a | gations of, Section 607.0505, Flori   | thorized by the corpora<br>da Statutes.  Registered Agent signature requ | ation's board of directors. I hereby accept the application and the property of the property o | pointment as rec               | gistered        |
| 12.                                     |   | AND DIRECTORS   | 13.  | ADDITIONS/CHANGES TO OFFICERS  | AND DIRECTO                    | RS IN 12        |
| TITLE                                   | P   | [] DELETE   | 1.1 TITLE  |  | ☐ Change                       |                 |
| NAME                                    | HUFFORD, JOHN F.  |   | 1.2 NAME   |  |                                | ţ               |
| STREET ADDRESS                          | 4400 BAYOU BLVD #35   |   | 1.3 STREET ADDRESS   |  |                                |                 |
| CITY-ST-ZIP                             | PENSACOLA FL  |   | 1.4 CITY-ST-ZIP  |  |                                | ſ               |
| TITLE                                   | V   | DELETE  | 2.1 TITLE  |  | ☐ Change                       | Addition        |
| NAME                                    | PHILPOT, TIM H  | <i>,</i> ,  | 2.2 NAME   |  |                                | )               |
| STREET ADDRESS                          | 4400 BAYOU BLVD #35   |   | 2.3 STREET ADDRESS   | mbg.   |                                |                 |
| CITY-ST-ZIP                             | PENSACOLA FL  |   | 2.4 CITY-ST-ZIP  |  | -                              | ì               |
| TITLE                                   |   | ☐ DELETE  | 3.1 TITLE  |  | ☐ Change                       | Addition        |
| NAME                                    |   |   | 3.2 NAME   | ,  |                                | , [             |
| STREET ADDRESS                          |   |   | 3.3 STREET ADDRESS   | ·· ,   |                                |                 |
| CITY-ST-ZIP                             |   |   | 3.4. CITY-ST-ZIP   |  |                                | ,               |
| TITLE                                   |   | ☐ DELETE  | 4.1 TITLE  |  | ☐ Change                       | Addition        |
| NAME                                    |   |   | 4. 2 NAME  |  |                                | }               |
| STREET ADDRESS                          | 1   |   | 4.3 STREET ADDRESS   |  |                                | Į               |
| CITY-ST-ZIP                             |   |   | 4.4 CITY-ST-ZIP  |  |                                |                 |
| TITLE                                   |   | ☐ DELETE  | 5.1 TTLE   |  | ☐ Change                       | ☐ Addition      |
| NAME                                    |   |   | 5.2 NAME   | -  |                                | ·. [            |
| STREET ADDRESS                          |   |   | 5.3 STREET ADDRESS   | •  |                                | Ì               |
| CITY-ST-ZIP                             |   |   | 5.4 CITY-ST-ZIP  |  |                                |                 |
| TITLE · ·                               |   | ☐ DELETE  | 6.1 TITLE  |  | Change                         | Addition        |
| NAME                                    | ,   |   | 6.2 NAME   |  |                                | }               |
| STREET ADDRESS                          |   |   | 6.3 STREET ADDRESS   |  |                                | 1               |

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 607, 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.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

1/4/99 (850) 484 9045

:RZE034 (11/98