

313-97 B-3034 C  
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 Mar 13 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # H27504 (0)  
 1. Corporation Name  
 PENSACOLA POB INCORPORATED



Principal Place of Business: BAPTIST MEDICAL TOWERS SUITE 320 PENSACOLA FL 32501 US  
 Mailing Address: 1717 NORTH E STREET SUITE 320 PENSACOLA FL 32501-6335 US

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

3. Date Incorporated or Qualified: 10/29/1984  
 3a. Date of Last Report: 03/19/1996  
 4. FEI Number: 59-2462399 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: VAN SLYKE, ROBERT 1717 N. "E" ST., STE 320 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. I, the undersigned, as president, secretary, or other officer or director of the above-named corporation, hereby certify that the information furnished herein is true and correct, and that the above-named corporation is authorized to execute this statement for the purpose of changing its registered agent. I hereby accept the obligations of Section 607.0505, Florida Statutes.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

CD PORTER, JOHN 1055 FLEMING PENSACOLA FL  
 WAKEMAN, SHARON 315 W. GADSDEN PENSACOLA FL  
 D HARRIMAN, ROBERT 254 SABINE DRIVE PENSACOLA FL  
 CD VAN SLYKE, ROBERT E 88 HIGHPOINT DRIVE GULF BREEZE FL  
 TD MCGEE, ELEANOR 1540 GLENNA LANE CANTONMENT FL  
 D FULFORD, RICHARD C. 402 BEAR CIRCLE GULF BREEZE FL

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP  
 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP  
 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP  
 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP  
 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP  
 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. I, the undersigned, certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included in 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 the 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 Florida's Business Directory or on an attached list with an address.

SIGNATURE: [Signature] AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)