

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J50744 (8)

1. Corporation Name

A.F.I.C. INVESTMENTS, INC.



Principal Place of Business

6706 N. 9TH AVENUE, D-3
P. O. BOX 10729
PENSACOLA FL 32524

Mailing Address

6706 N. 9TH AVENUE, D-3
P. O. BOX 10729
PENSACOLA FL 32524

3. Date Incorporated or Qualified
12/29/1986

3a. Date of Last Report
02/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2752486

Applied For
Not Applicable

22

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

29

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

EMMANUEL, PATRICK G.
30 SOUTH SPRING
PENSACOLA FL 32501

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

(Signature typed or printed below if registered agent is not the filer)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	BAROCO, J. H.	
STREET ADDRESS	3000 BLACKSHEAR AVE	
CITY-STATE-ZIP	PENSACOLA FL	
TITLE	STD	☐ DELETE
NAME	BAROCO, VICKI	
STREET ADDRESS	4060 DUNWOODY DRIVE	
CITY-STATE-ZIP	PENSACOLA FL	
TITLE	VP	☐ DELETE
NAME	BAROCO, J H JR	
STREET ADDRESS	6706 NORTH 9TH AVENUE	
CITY-STATE-ZIP	PENSACOLA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/96 904/479-2441
DATE TELEPHONE

CR2E034 (12/95)