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CORPORATION ANNUAL REPORT

1996



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

DOCL	JMENT #	L11982

(0)1. Corporation Name PREMIER OPERATING COMPANY, INC. Mailing Address Principal Place of Business C/O ROBERT M. DOOLITTLE SOI N. BEAL PKWY 901 N. DEAL PKWY C/O TEXACUT FT: WALTON BCH. FL-92548 FT. WALTON BCH. FL 32548 3a. Date of Last Report 3. Date incorporated or Qualified 08/24/1989 05/23/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2963381 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Yes No Florida Statutes 10. Name and Address of New Registered Agent Name and Address of Current Registered Agen Name DOOLITTLE, ROBERT M. Street Address (P.O. Box Number is Not Acceptable) 82 8862 BURNING TREE RD 63 PENSACOLA FL 32514 Zip Code 84 85 City 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 DATE Signifure, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition DELETE DP 1.1 TITLE 1000 DOOLITTLE, ROBERT M. 12 NAME NAME 8862 BURNING TREE RD 1.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 1.4 CITY-ST-ZIP CITY - ST-ZIP Change ☐ Addition DELETE 2 1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CITY-ST-ZIP C 1Y-ST-7-P Change Addition DELETE 3.1 TITLE THE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - \$1 - 7IP CITY - \$1 - ZIP ☐ Change ■ Addition DELETE 4 1 TITLE Ш,ŧ 42 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP City-St Zie Addition ☐ Change DELETE 5 1 TITLE THE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP C-14-51-7-P □□ Change Addition DELETE 1.116 6 1 THEE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST - ZIP CHIY-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 angual coport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under catrify that I am an officer or director of the emporation of 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 E

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