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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L90606 1. Corporation Name

PRENTICE THOMAS & ASSOCIATES, INC.

Mailing Address Principal Place of Business 124 SHELL AVENUE. SOUTHEAST 124 SHELL AVENUE. SOUTHEAST P. O. BOX 4246 P. O. BOX 4246 DO NOT WRITE IN THIS SPACE FORT WALTON BEACH FL 32549 FORT WALTON BEACH FL 32549 3. Date Incorporated or Qualifed 07/27/1990 FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-3027557 26 21 \$8.75 Additional Suite, Apt, #, etc. Suite, Apt. #, etc. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip This corporation owes the current year Intangible Country Zip □No Yes Personal Property Tax. 25 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name THOMAS, JR, PRENTICE M 82 Street Address (P.O. Box Number is Not Acceptable) 35 BAY DRIVE, NE FORT WALTON BEACH FL 32548 83 Zip Code 84 City 85 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 runsiant to the provisions of Sections 607,0002 and 607,1000, Florida Statutes, the above-mained 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 name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition □ DELETE 1.1 TITLE TITLE 1.2 NAME THOMAS, PRENTICE M. JR NAME 35 BAY DRIVE, NE 1.3 STREET ADDRESS STREET ADDRESS FORT WALTON BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 2.1 TITLE TITLE VPD CAMPBELL, L. JANICE NAME 35 BAY DRIVE, NE STREET ADDRESS 2.3 STREET ADDRESS FORT WALTON BCH FL 2.4 CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE NAME Barbara A. Rivera 3.2 NAME 63 SILVA DR., N.W. 3.3 STREET ADDRESS STREET ADDRESS FT. WALTON BCH. FL 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE MLE 4. 2 NAME MATHEWS, PAMELA NAME 407 WILDWOOD ST 4.3 STREET ADDRESS STREET ADDRESS MARY ESTHER FL 4.4 CITY-ST-ZIP CITY-ST-ZIP

CITY-ST-ZIP 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 or an attachment with an address, with all other like empowered.

5.1 TITLE

5,2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

63 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

☐ DELETE

TITLE

NAME

STREET ADDRESS

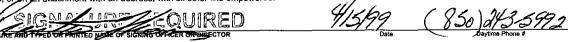
CITY-ST-ZIP

STREET ADDRESS

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112°%

50 b/4 35%



CR2E034 (11/98

ПСпалов

Change

☐ Addition

Addition