

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N02931** (6)
1. Corporation Name

PROCLAMATION INTERNATIONAL, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 23 AM 9:11

Principal Place of Business

Mailing Address

3 W. GARDEN ST., STE 370
P.O. BOX 13367
PENSACOLA FL 32591

3 W. GARDEN ST., STE 370
P.O. BOX 13367
PENSACOLA FL 32591

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/08/1984

3a. Date of Last Report
02/09/1994

4. FEI Number
59-2454672

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **3941 McCLELLAN RD**

26 **3941 McCLELLAN RD**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

City & State

City & State

23 **PENSACOLA, FL**

28 **PENSACOLA, FL**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

\$68.75 Supplemental
Fee Not Required

Zip

Country

Zip

Country

24 **32503**

25 **USA**

29 **32503**

30 **USA**

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

DUNKERLEY, DONALD A.
3 W. GARDEN ST., STE 370
PENSACOLA FL 32591

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
3941 McCLELLAN RD

83

84 City **PENSACOLA**

FL

85 Zip Code **32503**

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DUNKERLEY, DON
STREET ADDRESS	3941 MCCLELLAN ROAD
CITY-ST-ZIP	PENSACOLA FL
TITLE	DT
NAME	BRUTON, BOB
STREET ADDRESS	7121 WHIRLEYBIRD AVENUE
CITY-ST-ZIP	PENSACOLA FL
TITLE	D
NAME	GREEN, GABE
STREET ADDRESS	3410 MEADOW LANE
CITY-ST-ZIP	JACKSON MS
TITLE	D
NAME	BELL, KENNETH
STREET ADDRESS	3149 BELLE CHRISTINE
CITY-ST-ZIP	PENSACOLA FL
TITLE	PD
NAME	MCCAULEY, CHARLES
STREET ADDRESS	3013 CEDARWOOD VILLAGE
CITY-ST-ZIP	PENSACOLA FL
TITLE	DVS
NAME	SPORT, JOHN
STREET ADDRESS	1224 WHIPPERWILL
CITY-ST-ZIP	PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	HOLDAHL, ROBERT
4.3 STREET ADDRESS	3740 FIRESTONE BLVD
4.4 CITY-ST-ZIP	PENSACOLA FL
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	SENTZ, GARY
5.3 STREET ADDRESS	PO BOX 1981
5.4 CITY-ST-ZIP	PENSACOLA FL 32589
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-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 110.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donald A. Dunkerley DONALD A. DUNKERLEY - DIRECTOR - 1/19/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #