SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Aug 05 1998 8:00am
Secretary of State

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DOCUMENT # N04364 (8)

1. Corporation Name

THE BETTER BUSINESS BUREAU OF NORTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
4900 BAYOU BLVD SUITE 112 PENSACOLA FL 32503 US	P O DRAWER 1511 PO DRAWER 1511 (ZIP 325971511) PENSACOLA FL 32597-1511 US

3. Date Incorporated or Qualified: 07/25/1984

4. FEI Number: 59-2534888 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 912 E. Gadsden St.	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Pensacola, FL	28 City & State
24 Zip: 32501 25 Country: USA	29 Zip 30 Country

9. Name and Address of Current Registered Agent

WHITE JR, WILLIAM P
4900 BAYOU BLVD
SUITE 112
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name: Norman F. Wright
82 Street Address (P.O. Box Number is Not Acceptable): 912 E. Gadsden St.
83
84 City: Pensacola FL 85 Zip Code: 32501

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	CARLAN, CAROL		1.2 NAME		
STREET ADDRESS	5041 BAYOU BLVD		1.3 STREET ADDRESS	220 W. Garden Street	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	FOLKERS, SPARKIE		2.2 NAME		
STREET ADDRESS	4905 N. DAVIS HWY		2.3 STREET ADDRESS	5030 Commerce Park Circle	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	Pensacola, FL 32505	
TITLE	DT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CRANMER, MIKE		3.2 NAME		
STREET ADDRESS	101 W. GARDEN ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, WILLIAM P		4.2 NAME		
STREET ADDRESS	4900 BAYOU BLVD., #112		4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BOND, PEGGY		5.2 NAME		
STREET ADDRESS	2107 AIRPORT BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	President	☐ Change ☒ Addition
NAME			6.2 NAME	NORMAN F. WRIGHT	
STREET ADDRESS			6.3 STREET ADDRESS	912 E. GADSDEN ST	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Pensacola FL 32501	

CR2E037 (5/98)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Norman F Wright NORMAN F. WRIGHT 7/30/98 (850) 429-0002
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #