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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

2. Principal Place of Business 2. Mailing Address 2. Election Campaign Financing Suite, Apt. #, etc.  City & State  T, Is this nonprofit corporation a homeowners association?  Zip  Country  Zip  Country  8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name  ETHERIDGE, KEVIN 3298 SUMMIT BLVD. SUITE 4  PENSACOLA FL 32504  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 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  Signature, typed or printed name of registered agent and the if applicable  (NOTE: Registered Agent alguature regulated when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  P NAGEM, JOEY  STREET ADDRESS  SIGNATURES  STREET ADDRESS  SIGNATURES  STREET ADDRESS  SIGNATURES  13. STREET ADDRESS	3298 SUMMIT BVLD. SUTE 4 PENSACOLA FL 32504 US  2. Principal Place of 21 Suite, Apt. #, etc. 22 City & State		3298 SUMMIT BVLD. SUITE 4 PENSACOLA FL 32504 US	<del></del>		3. Date Incorporated or Qualified	91841 61811 91844 91844 1841 1881
SUTE 4 PENSACOLA FL 32504 US	SUITE 4 PENSACOLA FL 32504 US  2. Principal Place of 21 Suite, Apt. #, etc. 22 City & State	Business	SUITE 4 PENSACOLA FL 32504 US				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2. Principal Place of Business	2. Principal Place of 21 Suite, Apt. #, etc. 22 City & State	Business				03/21/1985	
Suite, Apt. #, etc.  Suite, Ap	Suite, Apt. #, etc. 22 City & State	Business	2a. Malling Address			59-2420139	Not Applicable
22   27   Trust Fund Contribution   Added to Fees	22 City & State		26			5. Certificate of Status Desired	• · · · · · ·
City & State    City & State   City & State   City & State   T. Is this nonprofit corporation a homeowners association?   Yes   No   No   Yes   No   No   Yes   No   No   No   No   No   No   No   N	City & State	Suite, Apt. #, etc.				· · · -	
Zip Country Zip Country As This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name  ETHERIDGE, KEVIN 3298 SUMMIT BLVD.  SUITE 4 PENSACOLA FL 32504  12. OFFICERS AND DIRECTORS  13. STREET ADDRESS  14. City FL Street Address (P.O. Box Number is Not Acceptable)  15. Title P DELETE				<del></del>			
Zip Country Zip Country Zip Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent			<b>⊢</b> , '				
Pensacola FL 32504  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  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 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, and accept the obligations of, Section 617 0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algusture required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE P LORGEN, JOEY  STREET ADDRESS  501 E BURGESS RD A-5	Zip	Country	Zip			8. This corporation owes or has paid the o	
ETHERIDGE, KEVIN 3296 SUMMIT BLVD. SUITE 4 PENSACOLA FL 32504  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  Signature, typed or printed name of registered agent and title if applicable  NAME  P NAGEN, JOEY  STREET ADDRESS  1.3 STREET ADDRESS  STREET ADDRESS  Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Str				30			
ETHERIDGE, KEVIN 3296 SUMMIT BLVD. SUITE 4 PENSACOLA FL 32504  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City FL 85 Zip Code  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 agent. I arm familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alguature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAGEM, JOEY  STREET ADDRESS  1.3 STREET ADDRESS	9. N	Registered Agent	B1 No	ma.	10. Name and Address of New Registere	d Agent	
3296 SUMMIT BLVD. SUITE 4 PENSACOLA FL 32504  84 City FL 85 Zip Code  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  Signature. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alguature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME  NAGEM, JOEY  STREET ADDRESS  501 E BURGESS RD A-5  1.3 STREET ADDRESS	ETHERINGE KEVIN						
SUITE 4 PENSACOLA FL 32504  84 City FL 85 Zip Code  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  Signature, typed or printed nerve of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  P				<b>82</b> Str	eet Addre	ess (P.O. Box Number is Not Acceptable)	
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SIGNATURE  Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent algorithm rejnateling)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  P  NAGEM, JOEY  STREET ADDRESS  501 E BURGESS RD A-5  1.3 STREET ADDRESS		14. Directory to the available of Captions 617 0500 and 617 1500. Stocks Otabuta				F	
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1 ATV CT NO		ISACOLA FL 32504		1.4 CITY-ST-ZIP	33		
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TITLE D DELETE 4.1 TITLE Change Addition  NAME SHAO, PAUL  STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32503  TITLE D DELETE 5.1 TITLE  NAME BILLHORN, FRED  STREET ADDRESS CITY-ST-ZIP CHANGE  STREET ADDRESS CITY-ST-ZIP GULF BREEZE FL 32561  Addition	NAME BILL STREET ADDRESS 200 CITY-ST-ZIP GUL TITLE D	F BREEZE FL 32561		5.4 CITY-ST-ZIP 6.1 TITLE	SS		Change Addition

for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information curate and that my signature shall have the same legal effect as if made under oath; that I am an a execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

**FILED** 

May 11 1998 8:00am

Secretary of State