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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1996

| DOCUMENT # | P95000097637 | (9) |
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| MOBILE/BARRANCAS CORPORA   | HUN  |  |  |  |
|--|--|--|--|--|
| Principal Place of Business  | Mailing Address  |  | r energent und enten Attite deter dente fichte Ante                      | <b>18 (8</b> 1)1 18910 91109 11111 1891 1891   |
| 6565 NORTH W STREET<br>SUITE 260   | 6565 NORTH W STREET<br>SUITE 260   | ī  |  |  |
| PENSACOLA FL 32505   | PENSACOLA FL 32506   |  | 3. Date Incorporated or Qualified 12/26/1995                             | Date of Last Report  |
| 2. Principal Place of Business<br>21   | 2a. Mailing Address<br>26  |  | 4. FEI Number 59 3354136   | Applied For Not Applicable   |
| Suite, Apt. #, etc.  | Suite, Apl. #, etc.  |  | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required  |
| City & State   | City & State   |  | 6. Election Campaign Financing Trust Fund Contribution                   | \$5.00 May Be<br>Added to Fees   |
| Zip Country 24 25  | Zip   29   | Country<br>30  | 8. This corporation has liability for intangiling Florida Statutes Yes N |  |
| 9. Name and Address of Curr  |  |  | 10. Name and Address of New Registe                                      | red Agent  |
|  |  | 81 Name  |  |  |
| BOOKMAN, ALAN B<br>30 S. SPRING STREET   |  | 82 Street Add  | ress (P.O. Box Number is Not Acceptable)                                 |  |
| PENSACOLA FL 32501   |  | 63   |  |  |
|  |  | 84 City  | 1  | 85 Zip Code  |
| 11. Pursuant to the provisions of Sections 607.05  |  |  |  | FL   S   E   C   C   C   C   C   C   C   C   C   |
| or registered agent, or both, in the State of FI familiar with, and accept the obligations of, Se  | orida. Such change was authoriz  | ed by the corporation's boa  | and of directors. Hereby accept the appointme                            | nt as registered agent. I am   |
|  | ection cor.coos, nonda statotes  |  |  |  |
| SIGNATURE Signature, typed or printed name of registered as  | pent and trie if applicable. (NC   | Dite: Ragistered Agent signature require   |  |  |
| SIGNATURE Signature, typed or pricted name of registered at 12. OFFICERS A   | ent and the If applicable. (NO   | DTE: Ragistered Agent signature require  | ed when reinstaling D/<br>ADDITIONS/CHANGES TO OFFICERS                  | AND DIRECTORS IN 12  |
| SIGNATURE Signature, typed or printed name of registered at 12. OFFICERS A   | pent and trie if applicable. (NC   | D) (E: Raig stered Agent signature require 13.   |  |  |
| SIGNATURE  Signature, typod or pricted name of registered at 12.  OFFICERS AT ILLE NASH  | ent and triell applicable. (NC<br>AND DIRECTORS  | DTE: Registered Agent signature responsible.  13.  1.1 Title.  1.2 NAME.   |  | AND DIRECTORS IN 12  |
| SIGNATURE Signature, typod or printed name of registered at 2 OFFICERS 7  TITLE NAME STREET ADDRESS SIGNATURE SIGNAT | ent and the it applicable. PNC AND DIRECTORS DELETE ST. SOITE 260  | DTE: Registered Agent signature require  13.  1.1 Tritle  1.2 NAME  1.3 STREET ADDRESS   |  | AND DIRECTORS IN 12  |
| SIGNATURE Signature, typod or printed name of registered at 2 OFFICERS 7  TITLE NAME STREET ADDRESS SIGNATURE SIGNAT | ent and the it applicable. PNC AND DIRECTORS DELETE ST. SOITE 260  | DTE: Registered Agent signature responsible.  13.  1.1 Title.  1.2 NAME.   |  | AND DIRECTORS IN 12  |
| SIGNATURE Signature, typool or pricted name of registered at 12.  OFFICERS AT 111LE NAME STREET ADDRESS CITY-S1-ZIP  PEUSACOLA F   | AND DIRECTORS  DELETE  TO SUITE 200  CONTROL OF SUITE 200  CONTROL | DTE: Registered Agent signature require  13.  1.1 Tritle  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  |  | AND DIRECTORS IN 12 Change Addition  |
| SIGNATURE  Signature, typod or pricted name of registered at 2.  OFFICERS AT THE NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  WILLIAM H. L.  STREET ADDRESS  USUS H. "W"  STREET ADDRESS  USUS H. "W"  STREET ADDRESS  USUS H. "W"  | Sent and the Hays Acade. PACAND DIRECTORS  DELETE  TO SOME ZOO  L 32605  EAGOREE DELETE  YOLL  TO SOME ZOO   | DTE: Registered Agent signature require  13.  1.1 Tritle  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 Tritle  2.2 NAME  |  | AND DIRECTORS IN 12 Change Addition  |
| SIGNATURE  Signature, typool or pricted name of registered at a OFFICERS AT THE NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  USUS  WILLIAM H. L.  STREET ADDRESS  USUS  | ENTEROR DIRECTORS  AND DIRECTORS  DELETE  TO SUME 260  EAGORES DELETE  YOU  37505  | DTE: Registered Agent signature require  13.  1.1 Tritle  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 Tritle  2.2 NAME  |  | AND DIRECTORS IN 12 Change Addition Change Addition Addition   |
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| SIGNATURE  Signature, typod or printed name of registered at 2 OFFICERS /  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  WILLIAM MILLIAM  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  | ENTEROR DIRECTORS  AND DIRECTORS  DELETE  TO SUME 260  EAGORES DELETE  YOU  37505  | 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME  |  | AND DIRECTORS IN 12 Change Addition Change Addition  |
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Corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name led, or on a trust with an address. oath; that I am an officer or din appears in Block 12 or Block 1

SIGNATURE: \_