FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000037296

26 59-3507139 Suite, Apt. #, etc. 5: Certifcate of Status Desired 55.0 City & State 6. Election Campaign Financing Trust Fund Contribution Added Trust Fund Contribution Fund Fund Fund Fund Fund Fund Fund Fun	Applied For Not Applicable 1.75 Additional Fee Required 5.00 May Be dded to Fees
PENSACOLA FL 32501 PENSACOLA FL 32501 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 04/23/1998 2. Principal Place of Business 2a. Mailing Address 25	Applied For Not Applicable .75 Additional ee Required 5.00 May Be dded to Fees
28. Mailing Address 29. Verincipal Place of Business 21. Suite, Apt. #, etc. 22. Suite, Apt. #, etc. 23. Suite, Apt. #, etc. 24. City & State 25. City & State 26. City & State 27. City & State 28. Mailing Address 29. Suite, Apt. #, etc. 29. Total Contribution 29. Country 20. Country 20. Country 21. Country 22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 28. Trust Fund Contribution 29. Trust Fund Contribution 20. Address of Country 21. Country 22. Suite, Apt. #, etc. 23. Street Address of Country 24. Suite, Apt. #, etc. 25. Certificate of Status Desired 26. Election Campaign Financing 27. Trust Fund Contribution 28. This corporation owes the current year Intangible Personal Property Tax. 29. Name and Address of Current Registered Agent 29. Name and Address of Current Registered Agent 29. Name and Address of New Registered Agent 29. Name and Address of New Registered Agent 29. Name and Address of New Registered Agent 29. Street Address (P.O. Box Number is Not Acceptable)	Not Applicable .75 Additional fee Required 5.00 May Be dded to Fees
2. Principal Place of Business 2a. Mailing Address 59-3507139 Suite, Apt. #, etc. 55. Certifcate of Status Desired Fee City & State City & State City & State Zip Country Zip Country Zip Country Zip Country Since Co	Not Applicable .75 Additional fee Required 5.00 May Be dded to Fees
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9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LOZIER, DANIEL R 125 W. ROMANA ST.,STE.224 82 Street Address (P.O. Box Number is Not Acceptable)	ا ۱۹۰۰ وو
LOZIER, DANIEL R 125 W. ROMANA ST.,STE.224 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	
125 W. ROMANA ST., STE.224 Street Address (P.O. Box Number is Not Acceptable)	
PENSACOLA EL 32501	
PENSAUULA FL 32501 [83]	
84 City FL 85 Z	Zip Code
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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ring its registered t as registered
SIGNATURE Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	
Signature, typed or printed name of registered egent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	RECTORS IN 12
Chan	hange 🔀 Addition
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12 NAME	hange Addition
NAME 12 NAME 13 STREET ADDRESS 17 E . MAIN ST., SUITE 100 CITY-ST-ZIP PENSACOLA, FL 32501 Chan Cha	hange Addition
12 NAME	hange Addition

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 on an attachment with an afficiency of the corporation of the cor

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

☐ Change

☐ Addition

FILED

May 04, 1999 8:00 am Secretary of State

05-04-1999 90010 044 ***150.00