SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 19 AM 11:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 105425 (3)

1. Corporation Name
PENSACOLA COUNTRY CLUB, INC.

Principal Place of Business	Mailing Address
1500 BAYSHORE DR. PENSACOLA FL 32507	1500 BAYSHORE DR. PENSACOLA FL 32507

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/01/1925
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-0443311 ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVIS, ROLLIN D. JR.
226 S PALAFOX PLACE
7TH FLOOR SEVILLE TOWER
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	BENDER, WILLIAM R	1.2 NAME	RONALD N. YEAKLE	
STREET ADDRESS	33 LAKESIDE DR	1.3 STREET ADDRESS	4125 MENENDEZ DRIVE	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	PENSACOLA, FLORIDA 32503	
TITLE	V	2.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	YEAKLE, RONALD N	2.2 NAME	CHARLES P. RILEY, M.D.	
STREET ADDRESS	4125 MENENDEZ DR	2.3 STREET ADDRESS	31 LAKESIDE DRIVE	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	PENSACOLA, FLORIDA 32507	
TITLE	S	3.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	DAVIS, ROLLIN JR.	3.2 NAME	WILLIAM BAXTER	
STREET ADDRESS	4840 ANDRADE	3.3 STREET ADDRESS	3350 CHANTARENE DRIVE	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	PENSACOLA, FLORIDA 32507	
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	GUND, TED G	4.2 NAME		
STREET ADDRESS	2473 TRANJO PLACE	4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	POLLAK, LEWIS J	5.2 NAME		
STREET ADDRESS	3335 CHANTARENE DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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 119.07(3)(k), 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 address.

SIGNATURE: Ronald N. Yeakle Ronald N. Yeakle 6-22-95 (904) 455-7364
SIGNATURE AND TYPED OR PRINTED NAME OF BONAFIDE OFFICER OR DIRECTOR — Date — Daytime Phone #

0179044 FF