FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # 129081 (6)

1. Corporation Name
PASCO ABSTRACT COMPANY

Principal Place of Business
011-C WEST 23RD ST.
P. O. BOX 2493
PANAMA CITY FL 32402

Mailing Address
011-C WEST 23RD ST.
P. O. BOX 2493
PANAMA CITY FL 32402

3. Date Incorporated or Qualified: 05/01/1934
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-0393880 — Applied For / Not Applicable

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

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
PRESTWOOD, CINDY M.
011 WEST 23 STREET
BLDG. C.
PANAMA CITY FL

10. Name and Address of New Registered Agent
81 Name: DONALD R. CRISP
82 Street Address (P.O. Box Number is Not Acceptable): 011-C WEST 23RD STREET
83
84 City: PANAMA CITY FL 85 Zip Code: 32405

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 [signature]
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	HENDERSON, DONALD C.	
STREET ADDRESS	353 HUNTERS CROSSING	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	☑ DELETE
NAME	PRESTWOOD, CINDY M.	
STREET ADDRESS	16259 E LULLWATER DR	
CITY-ST-ZIP	PANAMA CITY BCH. FL	
TITLE	CD	☐ DELETE
NAME	CRISP, DONALD R.	
STREET ADDRESS	731 DRIFTWOOD DR.	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE	ST	☐ DELETE
NAME	MEDLOCK, G. WILLIAM	
STREET ADDRESS	710 HUNTINGTON RD.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	V	☐ DELETE
NAME	CRISP JR, D RAY	
STREET ADDRESS	139 CANDLEWICK CIR	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	STD	☑ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VD	☑ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 1996 (904)763-2399
Date — Daytime Phone #

CR2E034 (12/95)