

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 155639 (8)

1. Corporation Name

FILLETTE, GREEN & CO. OF PENSACOLA, INC



Principal Place of Business

313 SOUTH PALAFOX PLACE
POST OFFICE BOX 31
PENSACOLA FL 32501

Mailing Address

313 SOUTH PALAFOX PLACE
POST OFFICE BOX 31
PENSACOLA FL 32501

3. Date Incorporated or Qualified

08/11/1923

3a. Date of Last Report

04/18/1995

4. FEI Number

59-0241800

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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

REGISTER, LINDA K.
313 S. PALAFOX PLACE
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81

Name

WEATHERS, TRACY A.

82

Street Address (P.O. Box Number is Not Acceptable)

313 S. PALAFOX PLACE

83

84

City

PENSACOLA

FL

85

Zip Code

32501

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

Tracy A. Weathers, Manager

Tracy A. Weathers

4/29/96

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when first filing)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P

POWELL, GREGORY C.

809 ATWELL
BELLAIRE TX 77401

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V

REGISTER, LINDA K.
6400 LONG ST. #17
PENSACOLA FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MANAGER

WEATHERS, TRACY A.
2709 BEACON COURT
NAVARRE, FL 32566

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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:

GREGORY C. POWELL, PRES.

4/16/96

904-434-2543

CR2E034 (12/95)