2002 Uniform Business Report (UBR)

CITY-ST-ZIP

changed, or on an attachment

SIGNATURE:

Mar 28, 2002 8:00 am § DOCUMENT # 203115 **Secretary of State** 1. Entity Name 03-28-2002 90143 021 ***150.00 S & P FLORIDA LAND CORPORATION Principal Place of Business Mailing Address 100 INGALLS DRIVE 100 INGALLS DRIVE PENSACOLA FL 32506 PENSACOLA FL 32506 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-6082105 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVIS, PHILIP J Street Address (P.O. Box Number is Not Acceptable) 100 INGALLS DR. PENSACOLA FL 32506 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME HARRELL, DALE S. NAME STREET ADDRESS 1430 LEMHURST RD STREET ADDRESS CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP ☐ Change ☐ Addition SD ☐ Delete TITLE TITLE DAVIS, PHILIP J. NAME NAME STREET ADDRESS 100 INGALLS DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL ☐ Delete ☐ Change Addition TITLE TITLE PD NAME NAME DAVIS, MARIA D STREET ADDRESS STREET ADDRESS 100 INGALLS DR CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

13. I hereby certify that the information supplied with this fitting spes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 in the employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED