PF CORP	ROFIT ORATION	FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS										
	AL REPORT											
1	996	D.VIS	D.VISION CIT CONTROLL									
DOCUM 1. Corporation I		(6)										
DANIEL	.s-Ellis, inc	•										
Principal Place of	of Business		Maling Address) 100/80 11/11 86/80 1/190 1/600	, IRANG MIRIN MANAN	Bibli Albii Bib is dabil Albi)	, (88)
9601 N. PALAFOX 9824 HEATHER DR. CANTONMENT FL 32533-7411												
BLDG 6B PENSACOLA	FL 32514	Outs Office of Section 111				3	Date Incorporated or Qualifice 03/21/1966	ed 3a . D.	ate of Last Report 09/27/1995			
2. Principal Pla	ce of Business		2a. Mailing Addr	ess				1	1. FEI Number 59-1119512		Applied Fo	icable
Suite, Apt. #	t, etc.	Suite, Apt #, etc.					5. Certificate of Status Desired		\$8.75 Addition Fee Required	i 		
City & State City & State									Election Campaign Financin Trust Fund Contribution	(_)	\$5.00 May B Added to Fees	s
23 Zip		Zip					8. This corporation has liability	for intangible Yes \(\Boxed{\omega}\) No	e tax under s. 199.032	ž.		
24	29						f Iorida Statutes L O. Name and Address of Ne					
	g. Name and	Address of Current I	Registered Agent	·	81	1	Name		U. Rame Bild Addition			
B 44 HE	A . B				82	2	Street An	idress	(P.O. Box Number is Not Acce	ptable)		
DANIELS,L B 9824 HEATHER DR.												
CANTO		83										
					8	- 1	City			F	85 Zip Code	
11. Pursuant or register familiar wi	red agent, or both ith, and accept the	obligations of, Section	n 607.0505. Florid	a Statutes.	•				n submits this statement for the fidirectors. I hereby accept the	e purpose of appointmen		d office Lam
	Signature, typed or pro-	od name of recy terest agricultati		(14 HE 45	13.		Signature (co.)		ADDITIONS/CHANGES TO	OFFICERS	AND DIRECTORS IN 1	12
12.	PD	OFFICE HIS KIND	0 🗆	ELETE	1.1700	E					Change Ac	ייכוזיםנו
NAME	DANIELS.L	В	_ · ·			1 2 NAME						
STREET ADDRESS	STREET ADDRESS 9824 HEATHER DR.					1.3 STHEET ADDRESS						
CITY - S1 - ZIP	TY. ST. /IP CATIONALITIES DECOCATION						ith - ST-ZIP				Crange A	Addition
TITLE	STD					2 1 TI*LE 2 2 NAME						
NAME ELLIS, J W						2.2 NAME 2.3 STREET ADDRESS						
STHEET ADDRESS 9001 N. PALAPUA ST. DEDG DD						24 CITY - ST - ZiP						
CITY-ST-ZIP	PENSACU	LA FL 32319	Πı)ELETE	3 1 10						Change 🔲 A	Addition
TITLE NAME					3.2 NAA	ME						
I NAME	1						- 1					

TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 14. I do hereby certify that the information supplied with this firing 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 artificial report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trystate 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 attaching if with an astrony. 6 4 CHY - S1 - ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

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SIGNATURE: _

STREET ADDRESS

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STREET ADDRESS

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CITY - S" - ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

21

22 23

L. B. DANICIS HOLLOW SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

[] DELETE

DELETE

1 Cht 6441 5/9/96

Change

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Addition

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CR2E034 (12/95)