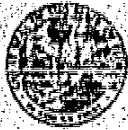


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JAN 24 PM 12:50

**DOCUMENT # 398793 (0)**

1. Corporation Name  
**NAPIER, INCORPORATED OF PENSACOLA**

Principal Place of Business  
**ONE SOUTH A ST #201  
SUITE 202  
PENSACOLA FL 32501  
US**

Mailing Address  
**P. O. BOX 9469  
PENSACOLA FL 32513  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/06/1972** 3a. Date of Last Report **03/02/1994**

4. FEI Number **59-1429033** 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

2. Principal Place of Business  
21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country

2a. Mailing Address  
25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country

9. Name and Address of Current Registered Agent  
**NAPIER, PHILIP  
1201 VIA DELUNA DR  
PENSACOLA BCH FL 32561**

10. Name and Address of New Registered Agent  
81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 Zip Code **FL** 85

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>NAPIER, PHILIP</b>
STREET ADDRESS	<b>1201 VIA DE LUNA DR</b>
CITY - ST - ZIP	<b>PENSACOLA BCH, FL 00000</b>
TITLE	<b>ST</b>
NAME	<b>NAPIER, JOSEPH</b>
STREET ADDRESS	<b>1 SOUTH 'A' STREET</b>
CITY - ST - ZIP	<b>PENSACOLA, FL 00000</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Philip Napier Philip Napier 1/17/95 (904) 433-1096  
(Signature) (Typed Name) (Date) (Telephone Number)