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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 430372

1. Corporation Name

STREET ADDRESS

BULLOCK TICE ASSOCIATES, INC.

Mailing Address Principal Place of Business 909 EAST CERVANTES. SUITE B DO NOT WRITE IN THIS SPACE PENSACOLA FL 32501 PENSACOLA FL 32501 3. Date Incorporated or Qualifed 07/10/1973 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 59-1467913 Not Applicable 21 \$8.75 Additional Suite, Aptr#-etc: Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes the current year Intangible Zip Country Zip □No ☐ Yes 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TICE, JOHN P. JR. Street Address (P.O. Box Number is Not Acceptable) 82 909 EAST CERVANTES SUITE B 83 PENSACOLA FL 32501 City Zip Code 84 85 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS AND DIRECTORS Change Addition DELETE 1.1 TITLE me TICE, JR. J 1.2 NAME NAME 909 E CERVANTES STE B 1.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE RICHARDSON, MICHAEL C 2.2 NAME NAME 909 E CERVANTES STE B 2.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE ASHLEY, DOUGLAS S. 3.2 NAME NAME 909 E CERVANTES STE B 3.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 4.1 TITLE TITLE MOLLY, JON R 4.2 NAME NAME 909 E CERVANTES STE B 4.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME WALLACE, JEAN V NAME 909 E CERVANTES STE B 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP Addition DELETE 6.1 TITLE Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 remanded, or on an attachment with an address, with all other like empowered. SWALLES JUISEan V. Wallace **SIGNATURE**

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90174 041 ***150.00

(11/QB) **トアリコクロン**