

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90202 022 ***550.00

DOCUMENT # 447314

1. Entity Name
THE NINETY-EIGHT CORPORATION



Principal Place of Business
**322 S. ALCANIZ ST
P.O. BOX 150
PENSACOLA, FL 32591-150 US**

Mailing Address
**322 S. ALCANIZ ST
P.O. BOX 150
PENSACOLA, FL 32591-150 US**



05042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1512752

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WINN, H FRANK, JR
322 S ALCANIZ ST
PENSACOLA, FL 32501**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VIVIANO, SAM A 5150 GULL POINT ROAD PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WINN, H. FRANK JR 322 S. ALCANIZ ST PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WINN, H. FRANK JR 322 S ALCANIZ STREET PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. FRANK WINN, JR. Vice Pres.

Date

Daytime Phone #

5/6/04 850-434-6214